



ZIMBABWE



Zimbabwe National Strategy to Prevent and Address Gender based Violence 2023-2030

An initiative of the United Nations funded by the European Union



**Spotlight
Initiative**
*To eliminate violence
against women and girls*





GOVERNMENT OF ZIMBABWE

**ZIMBABWE NATIONAL STRATEGY TO PREVENT
AND ADDRESS GENDER BASED VIOLENCE**

2023-2030

**The Ministry of Women Affairs, Community, Small
and Medium Enterprises Development**

CONTENTS

Foreword	iv
Acknowledgments	v
List of Acronyms	vi
EXECUTIVE SUMMARY	vii
1. INTRODUCTION	1
1.1. About the Strategy	1
1.2 Development of the Strategy	1
1.3. Definitions and Forms of GBV	1
2. SITUATION ANALYSIS.....	4
2.1 Government of Zimbabwe’s Global, Continental and Regional Commitments on GBV.....	4
2.2 Global and Regional GBV Situation	5
2.3 GBV Situation in Zimbabwe	6
2.3.1 Overview.....	6
2.3.2 Physical Violence	7
2.3.3 Sexual Violence.....	7
2.3.4 Violence Against Children (VAC).....	7
2.3.5 Child Marriages.....	8
2.3.6 Intimate Partner Violence (IPV).....	9
2.3.7 Harmful Cultural and Religious Practices	9
2.3.8 Gender Based Violence in The World of Work.....	10
2.3.9 Emerging Forms of Gender Based Violence	11
2.3.10 GBV in Emergencies/Humanitarian Situation and Climate Change	13
2.3.11 Health Seeking Behaviour of Survivors Of GBV	14
2.4 Legal Framework.....	14
2.5 National Policies and Strategies on GBV and GEWE.....	15
2.6 Key Gaps in the National Response to Gender Based Violence	18
2.6.1 Legal Framework	18
2.6.2 GBV Policies and Strategies.....	19
2.6.3 GBV Response Programming	20
2.6.4 GBV Prevention Programming	23
2.6.5 GBV Data Collection and Management	23
2.6.6 Coordination.....	23
2.6.7 GBV Financing.....	24
3. RATIONALE FOR A NEW NATIONAL GBV STRATEGY	25
4. VISION, GOAL AND OBJECTIVES	26
5. GUIDING PRINCIPLES	27
6. THEORY OF CHANGE.....	29
7. PRIORITY AREAS FOR THE NEXT SEVEN YEARS.....	30
8. TIME FRAME.....	31
9. KEY STRATEGIES AND ACTIONS	32
9.1 Strategic Focus Area 1: Prevention	32
9.2 Strategic Focus Area 2: GBV Response: -Protection, Care and Support Services.....	33
9.3 Strategic Focus Area 3: GBV in Emergencies, Humanitarian, Disaster and Conflict Situations ...	34
9.4 Strategic Focus Area 4: Capacity Strengthening.....	35
9.5 Strategic Focus Area 5: Evidence Based Programming: Data, Information, Knowledge Management and Monitoring and Evaluation	35

9.6 Strategic Focus Area 6: Strengthening Coordination, Accountability, Networking and Partnerships at National, Sub-National and Community Levels	36
9.7 Strategic Focus Area 7: Resource Mobilisation	37
10. INSTITUTIONAL FRAMEWORK AND COORDINATION MECHANISM	39
11. ADVOCACY AND DISSEMINATION	42
12. GBV STRATEGY ACTION PLAN	43

FOREWORD

Gender Based Violence is a major concern in the country and a barrier to achieving gender equality and vision 2030, that of an upper middle income society. The country remains committed to eliminating Gender Based Violence and it is a signatory to a number of international and regional instruments and conventions on gender equality and the empowerment of women. Some of the conventions include the Beijing Declaration and Platform for Action 1995, the Convention on the Elimination of all Forms of Discrimination Against women (CEDAW) 1991, Protocol to the African Charter on Human and People's Rights on the Rights of women in 2007 and the SADC Protocol on Gender and Development 2009. These instruments call on the state parties to implement strategies aimed at eliminating Gender Based Violence and ensuring that there is gender equality across sectors.



At National level Zimbabwe has put in place a number of laws, policies and strategies for the eradication of Gender Based Violence. The Domestic Violence Act stands out as a piece of legislation that seeks to address the issue of violence against women and girls. The government has developed the National Gender Policy which is a guiding document for mainstreaming gender across all sectors and eliminating Gender Based Violence. The government also developed the High Level Political Compact on Ending Gender Based Violence and Harmful Practices which is a commitment from the highest office in the country towards ending Gender Based Violence.

The primary purpose of this National Strategy to prevent and address Gender Based Violence 2023-2030 is to provide a guiding framework for GBV implementers on preventing and responding to Gender Based Violence in a comprehensive way.

This strategy is a product of extensive consultations with stakeholders. The strategy was developed taking from the good practices and gaps that were identified from the previous guiding documents namely the National Gender Based Violence Strategy 2012- 2015 and the National Gender Based Violence 365 2015-2020. It also takes into account the emerging themes in GBV prevention and response. The strategy is anchored on six thematic areas namely Prevention, GBV Response, Capacity Strengthening of stakeholders, Evidence Based programming: Data, Information, Knowledge Management and Monitoring and Evaluation, Strengthening Coordination, networking and partnerships at national, subnational and community levels and Resource Mobilisation.

The Ministry would like to extend its sincere gratitude to the Spotlight Initiative, the United Nations Development Programme and the United Nations Population Fund for providing financial and technical support towards the development of this strategy.

A handwritten signature in black ink, appearing to read 'Monica Mutsvangwa'.

Hon. Monica Mutsvangwa (Sen)
Minister of Women Affairs, Community, Small and Medium Enterprises Development

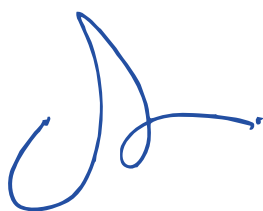
ACKNOWLEDGEMENTS

The Ministry of Women Affairs, Community, Small and Medium Enterprises Development wishes to thank all stakeholders who contributed to the development of this national strategy. This strategy is a product of collaborative efforts by multi-stakeholder partners who participated in various consultative meetings including the first national consultative meeting that saw the development of the first draft in October 2022, provincial consultations that took place in June 2023 and the final validation meeting that was conducted on 14 July 2023.

The Ministry acknowledges the following for providing insights into the current challenges and proposing recommendations for strengthening our collective efforts on Gender Based Violence prevention and response:

- Ministry of Justice, Legal and Parliamentary Affairs
- Ministry of Health and Child Care
- Ministry of Public Service, Labour and Social Welfare
- Ministry of Primary and Secondary Education
- Ministry of Higher and Tertiary Education, Innovation, Science and Technology
- Ministry of Local Government and Public Works
- Ministry of Home Affairs and Cultural Heritage
- Ministry of Finance and Economic Development
- Ministry of Industry and Commerce
- Ministry of Mines and Mining Development
- Independent Commissions
- National Prosecuting Authority
- UN Agencies
- Civil Society Organisations
- Development Partners

In addition, the Ministry would want to extend its most sincere appreciation to the United Nations Development Programme (UNDP) and the United Nations Population Fund (UNFPA) through the Spotlight Initiative for technically and financially supporting the development of this strategy. The support included the engagement of the consultant, Mr George Zimbizi to coordinate the compilation of this strategy.



Dr. Mavis Sibanda

Secretary for Women Affairs, Community, Small and Medium Enterprises Development

LIST OF ACRONYMS

ADVC	Anti-Domestic Violence Council
BPF	Beijing Platform for Action
CBO	Community Based Organisation
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CRC	Convention on the Rights of the Child
CID	Criminal Investigation Department
CSOs	Civil Society Organisations
DPP	Department of Public Prosecutions
DSD	Department of Social Development
FBO	Faith Based Organisation
GBV	Gender Based Violence
GoZ	Government of Zimbabwe
HLPC	High Level Political Compact
HP	Harmful Practices
ICT	Information, Communications Technology
JSC	Judicial Services Commission
LAD	Legal Aid Directory
MICS	Multiple Indicator Cluster Survey
MoHCC	Ministry of Health and Child Care
MoJLPA	Ministry of Justice, Legal and Parliamentary Affairs
MPSLSW	Ministry of Public Service, Labour and Social Development
MWACSMED	Ministry of Women Affairs, Community, Small and Medium Enterprises Development
NANGO	National Association of NGOs
NBSLEA	National Baseline Study of the Life Experiences of Adolescents
NGO	Non-Governmental Organisation
NGP	National Gender Policy
NPA	National Prosecuting Authority
NPRC	National Peace and Reconciliation Commission
NVFC	National Victim Friendly Committee
OPC	Office of the President and Cabinet
SADC	Southern Africa Development Community
SDGs	Sustainable Development Goals
SGBV	Sexual and Gender Based Violence
UN	United Nations
UNCT	United Nations Country Team
UNDP	United Nations Development Fund
VAWG	Violence Against Women and Girls
VFU	Victim Friendly Unit
ZEC	Zimbabwe Electoral Commission
ZGC	Zimbabwe Gender Commission
ZHRC	Zimbabwe Human Rights Commission

EXECUTIVE SUMMARY

Background and Context

Despite having a progressive legal and policy framework and concerted efforts of government, development partners, Civil Society Organisations (CSOs) and communities, the prevalence of Gender Based Violence (GBV) in Zimbabwe remains unacceptably high. The Multiple Indicator Cluster Survey (MICS 2019) shows that close to 40 percent of women and girls in Zimbabwe experience physical violence in their lifetime and 12 percent experience sexual violence. Prevalence of physical GBV among women and girls in Zimbabwe is 10 percent higher than the average global prevalence rate of 30%. The 2017 Zimbabwe Young Adult Survey, a Violence Against Children Survey (VACS), shows that about one in ten females ages 18–24 experienced sexual violence during childhood, and the prevalence of overall childhood sexual violence is significantly higher for females (9.1 percent) compared with males (1.1 percent).

The MICS (2019) report shows high prevalence of child marriages, with 33.7% of girls aged 20-24 years having been married before attaining 18 years and 5.4% before attaining the age of 15. For those who were married before the age of 15 years, the trend has been declining across age-groups from 6.8% among the 40-44 years age group to 1.7% among women aged 15-19 years. However, for those that married before attaining 18 years, the MICS results show an increasing trend from 29.6% among those aged 45-49 years to 33.7% among those aged 20-24. Child marriages were disproportionally higher in rural areas compared to urban areas: 8.0% and 2.3% for those aged 20-24 years married before age 15 and 43.7% and 21.3% for those married before 18 years respectively. Child marriage rates were also higher among those with primary education (63.4%) compared to those with secondary education (30.2%) and those with higher levels of education (5.5%). The Apostolic Sect religion had the highest proportion of child marriages (46.2%), the same level as those with no-religion. Prevalence of child marriages was highest amongst the poorest wealth quantile (50.8%) compared to the richest (13.2%).

Results from the National Population Census conducted in 2022 show lower figures for child marriages, with 1 percent of women ages 20-24 having married before age 15 and 16.2 percent before age 18. Of those females aged 20-24 years who married before age 15, 1.6 percent were in rural areas compared to 0.3 percent in urban areas while for those that married before 18 years, 22.7 percent were in rural areas and 7.2 percent were in urban areas¹. The lower child marriage prevalence rates reflected in the National Census results indicate impact of anti-child marriage initiatives and programmes implemented in the country over the years, including the Spotlight Initiative, the Joint programme on Gender Equality, GBV 365, SAFE, TRACE, DREAMS among others supported by development partners including SIDA, DFID, USAID, Ireland, GIZ, EU and UN. However, despite this positive outcome, GBV remains a societal and developmental challenge in Zimbabwe. Key drivers of GBV include harmful cultural practices; entrenched patriarchal norms, values, and practices; feminisation of poverty and lack of economic security among women; and insufficient implementation of GBV laws and policies among other factors.

The GBV landscape in the country is being compounded by the fact that Zimbabwe is increasingly becoming a multi-hazard environment. These hazards include effects of climate change such as prolonged droughts, floods and cyclones; disease outbreaks; and economic and fiscal instability. These hazards often interact and amplify each other, creating a vicious cycle of vulnerability and crisis and in the process increasing women and girls and children's vulnerabilities to GBV. During the COVID-19 pandemic, for example, Zimbabwe experienced a 60 percent increase in reported cases of GBV, with the national GBV Hotline, Musasa, receiving a total of 4,616 GBV-related calls during the lockdown period of March 30 to July 5 2020². From April to September 2020, almost 432 girls received post-violence care, more than 400 percent of the expected number, highlighting the increased need during this time.

¹Ibid

²<https://reports.unocha.org/en/country/zimbabwe/card/2XxB9GOV93/>

However, not all women and girls in Zimbabwe experience GBV in the same way. Some groups of women and girls face more risks and challenges than others because of their intersecting identities. For example, women and girls with disabilities are among the most vulnerable and marginalized groups in Zimbabwe. They face multiple forms of discrimination and exclusion based on their gender and disability status³. They are often denied access to education, health care, employment, justice, and participation in decision-making processes. They are also more prone to GBV and harmful practices, such as forced sterilization or abortion. Women and girls with disabilities are three times more likely to experience sexual violence than those without disabilities⁴.

Women and girls from minority ethnic groups, such as the San or Tonga communities, also face multiple forms of discrimination and exclusion based on their gender and ethnicity. They are often marginalized from mainstream society and have limited access to basic services and resources. They are also more vulnerable to GBV and harmful practices, such as child marriage or female genital mutilation. Women and girls from minority ethnic groups are more likely to be married before the age of 18 than those from other ethnic groups.

Women and girls living in rural areas or in poverty also face multiple forms of discrimination and exclusion based on their gender and socio-economic status. They have less access to education, health care, employment, information, and justice than those living in urban areas or with higher incomes. They are also more exposed to GBV and harmful practices, such as domestic violence or sexual exploitation. Women and girls living in rural areas or in poverty are more likely to experience intimate partner violence than those living in urban areas or with higher incomes.

Help seeking behaviour by GBV survivors is generally poor in Zimbabwe. Out of the females who experienced GBV (both sexual and physical) during the MICS (2019), only 37.7% sought help to stop the violence⁵. Another 27 percent did not seek help but told someone about the GBV while 35.2 percent never told anyone or sought help. Only 31.4 percent of sexual violence survivors reported seeking help to stop the violence. Close to half of the survivors (48.8 percent) never sought help nor told anyone about the sexual violence. For physical violence, only 35.1 percent sought help, 27.8 percent did not seek help but told someone about the abuse and 37.1 percent did not tell anyone or seek help. As with sexual violence, there is a high proportion of survivors not seeking help, which is a worrying trend in the fight against GBV. The proportion of GBV survivors not seeking help was higher in rural areas (63.3 percent) compared to urban areas (60.4 percent).

The Government of Zimbabwe (GoZ) acknowledges that Gender-Based Violence and Harmful Practices (GBV/HP) are: a serious breach of human rights; a major barrier to women's involvement in decision-making; a significant constraint to women's participation in economic and social activities; and a hindrance to the country's development goals. The GoZ has also pledged to eliminate GBV and HPs by signing international, continental and regional instruments on GBV and Gender Equality such as the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), the The Beijing Platform for Action (BPA), and the Sustainable Development Goals (SDGs). In 2021, the Government of Zimbabwe committed itself to ending GBV by officially launching the first ever High-Level Political Compact (HLPC) on Ending Gender Based Violence and Harmful Practices (2021-2030) which was launched by the President of the Republic in partnership with donors, development partners, CSOs, traditional leaders and religious institutions. The government has also promulgated progressive laws and policies with specific provisions seeking to end GBV. These include the national constitution (2013); The Domestic Violence Act of 2007; the Sexual Offences Act (2002); the Marriages Act No.1 of 2022; High Level Political Compact (HLPC) on Ending Gender Based Violence and Harmful Practices (2021-2030) in Zimbabwe; the new National Gender Policy (2023); the National Development Strategy 1 (2021-2025); and the National Strategy for the Elimination of Sexual Harassment and Gender Based Violence in the Workplace in Zimbabwe (2021-2025) among others.

³<https://www.unesco.org/en/articles/zimbabwe-works-unesco-protect-rights-girls-and-women-disabilities>

⁴UNICEF, 2021

⁵ZIMSTAT and UNICEF 2019

Although significant progress has been made towards the reduction and ultimately elimination of GBV and harmful practices, significant challenges remain. These include among others: insufficient implementation

of GBV related laws and policies owing to weak accountability mechanisms; human and financial resources capacity constraints among GBV stakeholders and service providers; pervasive patriarchal values, attitudes and practices; inadequate funding of the GBV national response; weak coordination of the national GBV response; and limited awareness of GBV laws, rights and availability of services leading to poor help seeking behaviour. It is against this backdrop that this National GBV Strategy provides a guiding framework for the national response to Gender Based Violence (GBV) in Zimbabwe.

The Strategy sets out GBV priority areas for the country and outlines specific actions and strategies that the Government of Zimbabwe, development partners, Civil Society Organisations (CSOs), independent commissions, private sector and community actors should embark on to prevent and respond to GBV in general and Violence Against Women and Girls in particular. The strategy recognises that GBV is a complex, pervasive, multi-faceted phenomenon that intersects with a broad range of social variables and therefore requires a multi-sectoral and well-coordinated response. The Strategy was developed through a consultative and participatory process involving key stakeholders drawn from Government Ministries, Departments and Institutions; Independent Commissions; Development Partners; UN agencies; Civil Society Organisations; International and Local Non-Governmental Organisations (NGOs); academic institutions; SADC Gender Directorate; traditional leaders; faith-based organisations; media; and the private sector. The Strategy is aligned with government priorities on eradication of GBV and in particular, was informed by and is aligned with the HLPC on Ending GBV and Harmful Practices.

Vision, Goal and Objectives of the Strategy

The Vision of the strategy is “A gender-just society free from all forms of GBV and Harmful Practices by 2030” while its goal is to achieve a 30 percent reduction in the prevalence of all forms of Gender Based Violence and Harmful Practices by 2030. The Strategy has the following six objectives:

- a) To promote prevention and early identification of all forms of Gender Based Violence
- b) To strengthen the delivery of effective, accessible, and responsive protection, care and support services to those affected by Gender Based Violence
- c) To ensure that all humanitarian, disaster and conflict response actors integrate GBV prevention and mitigation measures in their work
- d) To strengthen national and sub-national capacity to efficiently and effectively respond to Gender Based Violence
- e) To strengthen data collection, research, information, and knowledge management systems
- f) To ensure efficient, accountable, and effective management, coordination and partnerships building for the sub-national and national gender-based violence response
- g) To mobilise adequate resources for effective implementation of the National GBV Response.

Priority Areas and Strategies

The following are the priority thematic focus areas of the strategy.

(a) Prevention

Under this Focus Area, the Strategy will promote prevention of GBV by addressing associated social, cultural and/or traditional, religious, political and economic drivers of GBV. Efforts to prevent GBV should focus on creating awareness on GBV, related laws and Human Rights and ensuring that laws and policies on GBV are enforced and implemented; transforming gender discriminatory or stereotypical cultures, attitudes, beliefs and behaviors that condone and normalize GBV ; women economic empowerment; and male engagement. Emphasis will be on innovation, replication and scaling up of successful prevention programmes, and on community-driven prevention and response to GBV.

- (b) GBV Response**
Emphasis will be on provision of quality, comprehensive, appropriate, timely and accessible protection, care and support services for GBV survivors and those indirectly affected by the violence. These services include: health; legal and justice; psychosocial support; security; economic empowerment of survivors; and rehabilitation of offenders.
- (c) GBV in Emergencies, Humanitarian, Disaster and Conflict Situations**
Under this pillar, the strategy seeks to strengthen the capacity of GBV service providers and stakeholders to provide accessible, appropriate, efficient and timely prevention and response services during humanitarian or disaster situations such as droughts, floods and epidemics and during conflict situations.
- (d) Capacity Strengthening of Stakeholders**
The strategy aims at continuous capacity strengthening of national, sub-national and community stakeholders involved in the national GBV response to enable them to efficiently and effectively respond to GBV. The Strategy will focus on addressing the capacity needs for partners focusing on each of the key programming areas of prevention, protection, care and support and knowledge management as well as the capacity needs of communities.
- (e) Evidence Based Programming: Data, Information, Knowledge Management and Monitoring and Evaluation**
The Strategy will support generation and management of timely, reliable, quality, disaggregated data and strategic information on GBV and the establishment of a GBV Information Management System and database, for which resources are currently being mobilised. GBV prevention and response programmes will be regularly Monitored and Evaluated to assess implementation effectiveness. Results, good practices and lessons learnt will be documented, shared and discussed among stakeholders.
- (f) Strengthening Coordination, Networking and Partnerships at National, Sub-National and Community Levels**
The multi-dimensional nature of GBV requires multi-sectoral response. The Strategy will seek to strengthen partnerships, coordination and linkages among and between the multi-sectoral stakeholders for effective implementation of the strategy.
- (g) Resource Mobilisation**
Given resource constraints in the implementation of the national GBV response programmes, the strategy focuses on capacitating stakeholders so that they can mobilise both domestic and international resources through advocacy and lobbying for increased funding from government, private sector, and development partners.

Conclusion

Successful implementation of the National GBV strategy is premised on the assumption that there will be political will and commitment by all the stakeholders to implement key activities in the Action Plan and that adequate human, financial and material resources will be made available for implementation of the strategy.

1. INTRODUCTION

1.1. About the Strategy

This Zimbabwe National Strategy to Prevent and Address Gender Based Violence (2023-2030), hereinafter referred to as the Strategy, provides a guiding framework for the national response to Gender Based Violence (GBV) in Zimbabwe. The Strategy sets out GBV priority areas for the country and outlines specific actions and strategies that the Government of Zimbabwe, development partners, Civil Society Organisations (CSOs) and community actors should embark on to prevent and respond to GBV in general and Violence Against Women and Girls in particular. The strategy recognises that GBV is a complex, pervasive, multi-faceted phenomenon that intersects with a broad range of social and gender variables and therefore requires a multi-sectoral and well-coordinated response. The Strategy is designed to cover a seven-year period (2023-2030) and its implementation is intended to contribute to the achievement of Sustainable Development Goals (SDGs), and in particular Goal 5 on Gender Equality and the Country's Vision 2030.

The Strategy is designed as a tool to operationalise the High-Level Political Compact (HLPC) on the Elimination of GBV and Harmful Practices (HPs) launched by the President of the Republic of Zimbabwe on 27th of October 2021.

1.2 Development of the Strategy

The Strategy was developed through a consultative and participatory process involving key stakeholders drawn from Government Ministries, Departments and Institutions; Independent Commissions; Development Partners; UN agencies; Civil Society Organisations; International and Local Non-Governmental Organisations (NGOs); academic institutions; SADC Gender Directorate; traditional leaders; faith-based organisations; media; and the private sector. UNDP, through the Spotlight Initiative (SI), supported the convening of a national stakeholder consultative workshop in Mutare where stakeholders engaged in various processes including: GBV Situation Analysis; GBV programming that the key stakeholders were focusing on; a SWOT¹ Analysis of the national GBV response; and priority setting and recommendations for the new National GBV Strategy. At the consultative workshop, the SADC Gender Division outlined the SADC Regional Strategy on GBV and key priority areas for the region which Member States need to reflect and align with in their national GBV strategies.

The development of the Strategy was also informed by a Situation Analysis conducted in 2021 by the Ministry of Women Affairs, Community, Small and Medium Enterprises Development (MWACSMED) with support from UNFPA and the Zimbabwe Gender Based Violence Assessment conducted in 2022/23 with support from the World Bank Group. The purpose of the two assessments was to: document the latest information on the context and magnitude of GBV and its impact in Zimbabwe; provide an analysis of policy and program responses to GBV in Zimbabwe; map Gender and SRHR service organizations and geographical location of their activities in the country; obtain multi-sectoral and inter-ministerial inputs for consideration in improving the national response to GBV and; provide practical and actionable recommendations to inform the development of the next National Strategy for GBV Prevention and Response.

1.3. Definitions and Forms of GBV

(a) Definitions²

- **Violence Against Women:** means all acts perpetrated against women which cause or could cause them physical, sexual, psychological, and economic harm, including the threat to take such acts; or to undertake the imposition of arbitrary restrictions on or deprivation of fundamental freedoms in private or public life in peace time and during situations of armed conflicts or of war

¹Strengths, Weaknesses, Opportunities and Threats

²WHO and UN Women

- **Gender Based Violence:** Gender-based violence (GBV) refers to harmful acts directed at an individual or a group of individuals based on their gender. It is rooted in gender inequality, the abuse of power and harmful norms. The term is primarily used to underscore the fact that structural, gender-based power differentials place women and girls at risk for multiple forms of violence
- **Domestic Violence:** also called domestic abuse or intimate partner violence, is any pattern of behaviour that is used to gain or maintain power and control over an intimate partner. It encompasses all physical, sexual, emotional, economic and psychological actions or threats of actions that influence another person. This is one of the most common forms of violence experienced by women globally
- **Intimate Partner Violence:** refers to behaviour by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, and psychological abuse and controlling behaviours
- **Sexual Violence:** is any sexual act, attempt to obtain a sexual act, or other act directed against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting. It includes rape, defined as the physically forced or otherwise coerced penetration of the vulva or anus with a penis, other body part or object
- **Sexual Harassment:** Any physical, verbal or non-verbal conduct of a sexual nature and other conduct based on sex affecting the dignity of women and men, which is unwelcome, unreasonable, and offensive to the recipient; and a person's rejection of, or submission to, such conduct is used explicitly or implicitly as a basis for a decision which affects that person's job; or Conduct that creates an intimidating, hostile or humiliating working environment for the recipient³
- **Discrimination Against Women:** means any distinction, exclusion or restriction or any differential treatment based on sex and whose objectives or effects compromise or destroy the recognition, enjoyment or the exercise by women, regardless of their marital status, of human rights and fundamental freedoms in all spheres of life;
- **Harmful Practices:** means all behaviour, attitudes and/or practices which negatively affect the fundamental rights of women and girls, such as their right to life, health, dignity, education and physical integrity.

(b) Forms of Gender Based Violence

- Physical, sexual, psychological and economic violence occurring in the family such as denying a partner control over basic resources, battering, sexual abuse of female children in the household, marital rape, dowry-related violence, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation
- Physical, sexual and psychological violence occurring within the general community, such as rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women and forced sex work
- Physical, sexual and psychological violence perpetrated or condoned by the State and/or non-state entities, wherever it occurs
- Other forms of VAWG include early and forced marriage, child marriages and other forms of harmful practices that constitute or contribute to VAWG and new and emerging forms of VAWG, including VAWG committed using information and communications technology (ICT) such as online harassment, abuse, bullying, stalking and distribution of denigrating images.

(c) Inter-sectionality of GBV

Diverse groups of women suffer from multiple and intersecting forms of discrimination and inequalities, making them especially vulnerable to violence. They include women and girls with disabilities; women living with and affected by HIV and AIDS; girls; older women; women in conflict with the law; women living in disaster or conflict-affected areas; refugee and displaced women; poor women living in rural and hard to reach areas; women from ethnic minorities; documented and

³ILO

undocumented migrant women; stateless women; women's human rights defenders/gender equality advocates; and women who are trafficked for forced labour or sexual exploitation among others. Implementation of this GBV Strategy will be guided by an intersectionality framework.

The framework helps us understand how different social and political identities, such as race, ethnicity, class, sexuality, religion, disability, weight, and physical appearance, combine to create different modes of discrimination and privilege. Intersectionality recognizes that people's experiences are shaped by the interplay of these factors, and that some people face more barriers and challenges than others because of their intersecting identities. By applying an intersectional lens, we can identify the specific needs and challenges of different groups of women and girls who face multiple forms of oppression. We can also design more effective and inclusive interventions that address the root causes and consequences of GBV across different dimensions of identity.

2. SITUATION ANALYSIS

2.1 Government of Zimbabwe's Global, Continental and Regional Commitments on GBV

The Government of Zimbabwe (GoZ) recognises that Gender-Based Violence and Harmful Practices (GBV/HP): are a fundamental violation of human rights; are one of the biggest obstacles to women's participation in decision-making; severely limits women's ability to participate in economic and social activities; and are drawbacks to the country's development aspirations⁴. The GoZ has also committed itself to the eradication of GBV and HPs through signing international, continental and regional instruments on GBV and Gender Equality. Some of the GBV instruments that the Government has committed to include the following:

(a) International Commitments

CEDAW: In 1992, the Committee on the Elimination of All Forms of Discrimination Against Women (CEDAW) adopted General Recommendation No. 19 and 32, which reaffirmed that Violence Against Women (VAW) constituted a form of discrimination against women. This formed the basis for the elaboration of the Declaration on the Elimination of Violence Against Women in 1993. The Declaration calls upon States to exercise due diligence to prevent and punish acts of VAW. The committee also recommended to numerous States parties that they should develop, adopt and implement comprehensive and multi-sectoral national action plans and strategies to combat violence against women and establish institutional mechanisms to coordinate, monitor and assess the effectiveness of the measures taken. It has recommended the adoption of such a plan on different forms of violence against women, such as domestic violence. The allocation of sufficient resources has also been highlighted by that committee.

The Beijing Platform for Action (BPA): adopted by the Fourth World Conference on Women in 1995, urges governments and all sectors to take integrated measures to prevent and eliminate VAWG. The BPA recognises that women's rights are human rights and that women's empowerment, and gender equality are key to achieving sustainable development and peace.

The ILO Violence and Harassment Convention, 2019 (No. 190): Zimbabwe has not yet ratified this convention but is in the process of ratifying it. This convention is key in addressing sexual harassment in the workplace, and its ratification will be a milestone in the country's efforts in fighting sexual harassment in the workplace. The Convention places a responsibility on State Parties to pursue a policy of "zero tolerance to violence and harassment" and provides universal definitions of the terms: "violence and harassment" and "gender-based violence" in the world of work. This definition of violence and harassment in the world of work includes not just physical, but also the psychological and sexual aspects. The Convention also sets out standards for how governments should protect people from violence and harassment in the world of work, as well as enforcement mechanisms and remedies for victims.

United Nations Resolution 1325 (2000) on Women, Peace and Security: The country is bound by this resolution. This first resolution recognises that war disproportionately affects women and that women's active participation in peace processes is imperative for international peace and security. The subsequent resolutions engage with issues from sexual violence during armed conflict to the

role of peacekeepers in protecting women and preventing sexual violence (including incidents of sexual exploitation and abuse by those involved in peacekeeping missions) to women's participation in conflict prevention, resolution, and recovery.

⁴High Level Political Compact on Ending Gender Based Violence and Harmful Practices in Zimbabwe

Sustainable Development Goals (SDGs). These were adopted in 2015 and they seek to address the key challenges that women face, such as violence, poverty, and inequality. The SDGs have indicators and targets on ending VAWG. The targets of Sustainable Development Goal 5 are to “*achieve gender equality and empower all women and girls*” through: Ending all forms of discrimination against all women and girls everywhere; Eliminating all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation; and Eliminating all harmful practices, such as child, early and forced marriage and female genital mutilation. SDG 5 is considered to be the accelerator for the achievement of all the other SDGs.

(b) Continental Instruments

Zimbabwe is also signatory to various continental instruments on GBV. These include the African Charter on human and peoples’ rights; the Solemn Declaration on Gender Equality in Africa; the Protocol to the African Charter on Human and People’s Rights on the Rights of Women (Maputo Protocol); the African Charter on the Rights and Welfare of the Child; AU Agenda 2063; and the African Youth Charter.

The Maputo Protocol, under Article 5, seeks “*Elimination of Harmful Practices*” and obliges State Parties to take all necessary legislative and other measures to ensure that HPs are eliminated. The protocol also calls on governments to “*enact appropriate national legislative measures to guarantee that: the minimum age of marriage for women shall be 18 years.*” Article 4 requires States parties to take appropriate and effective measures to adopt such other legislative, administrative, social and economic measures as may be necessary to ensure the prevention, punishment and eradication of all forms of violence against women.

The AU Agenda 2063 provides a Strategy for Gender Equality & Women’s Empowerment (2018-2028). The strategy aims to ensure that all forms of violence against women and girls are reduced, criminalized, and condemned by society. The Agenda 2040 Aspiration 7 is to ensure that every child is protected against violence, exploitation, neglect and abuse.

(c) Regional Commitments

At regional level the government has signed the SADC Protocol on Gender and Development, 2008 (revised in 2016) which is the first commitment by Member States towards addressing Gender Based Violence (GBV) comprehensively. It identifies GBV among the priority areas of focus on gender for the SADC Region through its provisions under Articles 20 to 25. These Articles make provisions for the implementation of a variety of strategies including enacting, reviewing, reforming and enforcing laws aimed at eliminating all forms of GBV and trafficking. The Regional Indicative Strategy Development Plan (RISDP), the blueprint and programme of action, also underscores the importance of a comprehensive response and action on GBV.

2.2 Global and Regional GBV Situation

Gender Based Violence (GBV) is acknowledged globally not only as a fundamental violation of human rights and a threat to the well-being, health and existence of those that are most affected by it, but also as an impediment to the social and economic development of countries. GBV has become a global pandemic.⁵ According to the World Health Organization (WHO), at least 46 percent of women in Africa have experienced Gender Based Violence (GBV) of one form or another.⁶ A 2022 Sustainable Development Goals Report revealed that globally, 26 per cent of ever-partnered women aged 15 and older (641 million) have been subjected to physical and/or sexual violence by a husband or intimate partner at least once in their lifetime. Below are some global statistics on GBV:

⁵Sustainable Development Goals Report 2022: <https://www.un.org/sustainabledevelopment/progress-report/>

⁶WHO 2013 Global and Regional Estimates of Violence Against Women: Prevalence and Health Effects of Intimate Partner Violence and Non-Partner Sexual Violence

- Globally an estimated one woman in five will be a victim of rape or attempted rape in her lifetime⁷
- In a 2021 survey in 13 countries, 45 per cent of women reported that they or a woman they know has experienced some form of violence since COVID-19⁸
- Violence kills and disables the same number of women between the ages of 15 and 44 as cancer does⁹
- In 2021, nearly one in five young women were married before the age of 18
- 35 per cent and 28 per cent of young women were married in childhood, respectively in sub-Saharan Africa and Southern Asia,
- Up to 10 million more girls are likely to become child brides by 2030 due to the effects of the COVID-19 pandemic, in addition to the 100 million girls projected to be at risk before the pandemic
- Approximately 800,000 people are trafficked across national borders and millions more are trafficked within their own countries. Approximately 80 percent of transnational victims are women and girls and up to 50 percent are minors.¹⁰

The World Bank in 2020 estimated that each day, an estimated 137 women around the world are killed by a family member, and 52 of those killings take place in Africa¹¹. GBV, in particular Intimate Partner Violence (IPV) is probably the most common and yet is the least attended form of human rights violation. It predominantly remains unreported for many reasons including its occurrence in intimate private spaces where victims may be persuaded to conceal it, or victims may not know where to go even if they wanted to seek redress¹².

In SADC countries, “*Prevalence for Lifetime Experience of GBV*” range from 50percent to 86 percent; “*Prevalence for IPV Lifetime Experience*” ranged from 49 percent to 69percent ; and “*Lifetime Experiencing of Rape by Non-Partners*” ranged from 4 percent to 29 percent ¹³.

The GBV global and regional situation is getting worse despite concerted efforts by governments, development partners and CSOs and the existence of a plethora of legal frameworks and instruments aimed at tackling GBV in all its forms.

2.3 GBV Situation in Zimbabwe

2.3.1 Overview

As is the situation globally, GBV in Zimbabwe has become a pandemic and has been declared an emergency by the government. The country has a high prevalence of GBV with one in three females having a lifetime experience of GBV. The phenomenon is widespread, occurring across all socio-economic, cultural backgrounds and regions of the country. GBV is rooted in gender inequality, the abuse of power and harmful norms.

The high prevalence of GBV in the country reflects the structural, cultural, political and socio-economic inequalities between men and women which place women and girls at risk of experiencing multiple forms of violence in their lifetime.

⁷Heise, L., M. Ellsberg, and M. Gottemoeller. 1999. “Ending Violence against Women.” Population Reports. Series L. No. 11.

⁸Ibid

⁹UN Millennium Project 2005

¹⁰U.S. Department of State. 2007. The 2007 Trafficking in Persons Report. Washington, D.C.: U.S. State Department

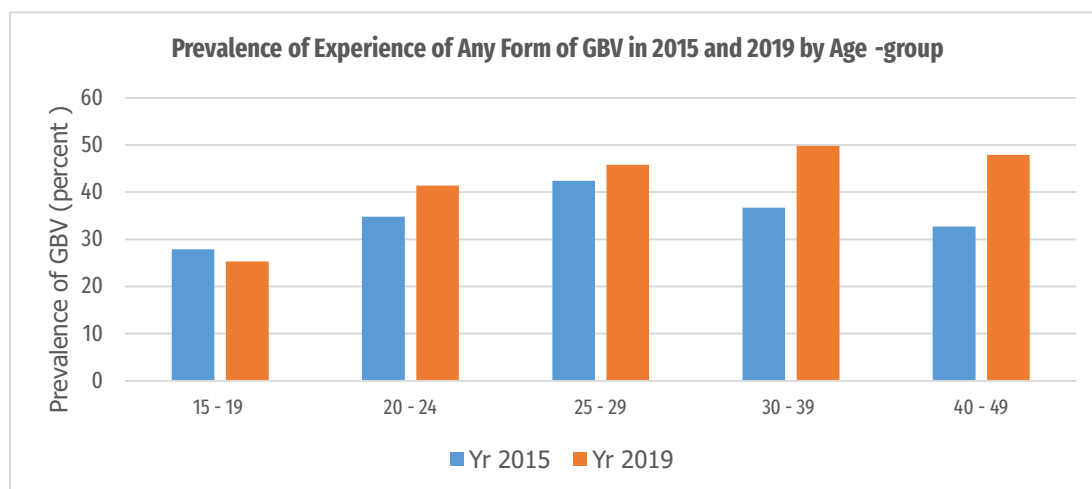
¹¹<https://blogs.worldbank.org/african/silent-epidemic>

¹²SADC GBV strategy

¹³The African Centre for Gender and Social Development of the United Nations Economic Commission for Africa: Violence Against Women in Africa: A Situational Analysis (2011).

Figure 1 below shows experience of any form of GBV in 2015 and 2019 by age-group from the Zimbabwe Demographic Health Survey (ZDHS-2015) and the Multiple Indicator Cluster Survey (MICS) (2019) respectively.

Figure 1: GBV Prevalence in 2015 and 2019



Source: ZDHS (2015/16); and MICS (2019)

Figure 1 above shows that women and girls are disproportionately affected by GBV with at least one in three women having experienced either physical and/or sexual intimate partner violence or non-partner sexual violence in their lifetime¹⁴. The data also shows increasing GBV prevalence between 2015 and 2019 with those aged 30-39 years being the most impacted. 30.9 percent of the respondents experienced physical violence only and 3.1 percent experienced sexual violence only while 8.5 percent experienced physical and sexual violence and 42.5 percent experienced physical or sexual violence.

2.3.2 Physical Violence

Successive DHS surveys documented the prevalence of physical violence at 36 percent in 2006; 30 percent in 2011, and 35 percent in 2015. The MICS reported prevalence of 39.4 percent in 2019, with 5.5 percent of respondents experiencing the violence in the 12 months preceding the survey.¹⁵ The increase is despite the intensive GBV prevention programmes that have been launched by government, development partners and Civil Society Organisations (CSOs) throughout the country. The physical violence prevalence rate is higher than the global prevalence rate of 30 percent.¹⁶ This calls for more efforts towards prevention programming.

2.3.3 Sexual Violence

Sexual Violence prevalence among women and girls is considerably high at 11.6 percent, with 5.1 percent of the respondents having experienced sexual violence in the last 12 months (MICS, 2019). For the ever married, the majority of persons committing sexual violence are their current husband or partner (61.6 percent) and former husband or partner (24.8 percent). For the never married, the highest proportion of sexual violence is perpetrated by current or former boyfriend (41.5 percent), strangers (14.8 percent) and family friend (12.5 percent).

2.3.4 Violence Against Children (VAC)

Violence Against Children (VAC) includes all forms of violence against people under 18 years old. Globally, it is estimated that up to 1 billion children aged 2-17 years, have experienced physical, sexual, or emotional violence or neglect in the past year.¹⁷ VAC takes many forms, including physical, sexual, and emotional abuse,

¹⁴Multiple Indicator Cluster Survey (2019)

¹⁵ZIMSTAT and UNICEF 2019

¹⁶WHO: <https://www.who.int/en/news-room/fact-sheets/detail/violence-against-women>

¹⁷WHO, 2022: <https://www.who.int/news-room/fact-sheets/detail/violence-against-children>

and may involve neglect or deprivation¹⁸. Violence occurs in many settings, including the home, school, community and over the Internet. A wide range of perpetrators commit violence against children including family members, intimate partners, teachers, neighbours, strangers and other children. Such violence not only inflicts harm, pain and humiliation on children; it also kills¹⁹.

The 2017 Zimbabwe Young Adult Survey, a Violence Against Children Survey (VACS), shows that about one in ten females ages 18–24 experienced sexual violence during childhood, and the prevalence of overall childhood sexual violence is significantly higher for females (9.1 percent) compared with males (1.1 percent).

2.3.5 Child Marriages

Child marriage refers to any formal marriage or informal union between a child under the age of 18 and an adult or another child²⁰. The United Nations Sustainable Development Goals call for global action to end this human rights violation by 2030. Child marriage is often the result of entrenched gender inequality, making girls disproportionately affected by the practice. Globally, the prevalence of child marriage among boys is just one sixth of that among girls²¹.

Child marriage robs girls of their childhood and threatens their lives and health. Girls who marry before 18 are more likely to experience domestic violence and less likely to remain in school. They have worse economic and health outcomes than their unmarried peers, which are eventually passed down to their own children, further straining a country's capacity to provide quality health and education services²².

Despite the fact that child marriages are criminalised by the Constitution of Zimbabwe and the Marriages Act, child marriages remain common. Section 78 of the Constitution (Marriage Rights) sets a minimum age for marriage at 18 and prohibits forced marriage. It states that “no person shall be compelled to marry against their will”. On May 27, 2022, the President of Zimbabwe signed into law the Marriages Act, legally prohibiting the marriage of individuals younger than 18. This means that child marriage is now a criminal offense in Zimbabwe.

The 2015 DHS reported that 3.7 percent of females aged 20–24 years were married before age 15 while 32.4 percent were married before turning 18 years²³. The subsequent MICS (2019) reported these figures at 5.4 percent and 33.7 percent, respectively. The proportion of males aged 20–24 years who married before 15 years remained low at 0 percent as reported by the 2015 DHS, and 0.1 percent in the 2019 MICS. Males who married before 18 years were 1.2 percent on the 2015 DHS and 1.9 percent in the 2019 MICS.

In 2015, 3.7 percent of females aged 20–24 years were married before age 15 while 32.4 percent were married before turning 18 years²⁴. Males of the same age group married before 15 years were only 0.1 percent while 1.2 percent were married before the age of 18 years. The MICS (2019) report shows that the proportion of females aged 20–24 years married before 15 years increased to 5.4 percent from 3.7 percent in 2015 while that of girls married before attaining 18 years also increased to 33.7 percent from 32.4 percent in 2015. The proportion of males aged 20–24 years who married before 15 and 18 years remained low at 0 percent and 1.9 percent respectively. Results from the National Population Census conducted in 2022 show lower figures for child marriages, with 1 percent of women ages 20–24 having married before age 15 and 16.2 percent before age 18.

¹⁸UNICEF, 2022: <https://data.unicef.org/topic/child-protection/violence/>

¹⁹Ibid

²⁰UNICEF: <https://www.unicef.org/protection/child-marriage#>:

²¹Ibid

²²Ibid

²³ZDHS, 2015

²⁴ZDHS, 2015

2.3.6 Intimate Partner Violence (IPV)

Women experience any of the specified acts of physical, sexual, or emotional violence committed by their current husband/partner (if currently married) or most recent husband/partner (if formerly married). The MICS (2019) survey shows that 46.6 percent of women reported that their husbands or partners feel jealous or angry if the women talk to other men; 21.6 percent were frequently accused of being unfaithful; 14.5 percent were not permitted to meet their female friends; and 39.2 percent were required to inform the husbands where they will be at all times. These traits by men are efforts to effectively control women within the framework of a patriarchal set up.

Close to half (49.4 percent) of women aged 15-49 years have ever experienced any form of physical or sexual or emotional violence perpetrated by intimate partners or spouses²⁵. Physical violence by an intimate partner is experienced by 37.1 percent of women and girls, with 16.3 percent of the respondents having experienced the violence in the 12 months preceding the survey (MICS, 2019).

Of the women and girls who experienced violence, 15.5 percent suffered cuts, bruises and aches; 4.7 percent suffered eye injuries, sprains, dislocations, and burns; 2.9 percent suffered serious injuries including broken bones and teeth and deep wounds. The injuries indicate serious health and psychological implications for survivors, which calls for appropriate health, psycho-social, security and legal responses to adequately meet the needs of these survivors.

2.3.7 Harmful Cultural and Religious Practices

Early, Forced and Child Marriages

Consultations with communities during the development of the GBV strategy identified prevalent harmful practices that often lead to GBV. Child marriages are highly prevalent (33.7 percent) in Zimbabwe despite the existence of a legal framework that outlaws marriage for people under the age of 18 years. Consultations with communities revealed that some of the marriages are forced, as young girls are pledged to older men by their parents in some religious sects which promote the practice clandestinely. Some of the young girls are allegedly given away by their parents in exchange for food, underlying the fact that poverty is one of the drivers of these forced marriages.

Forced Virginity Testing

Virginity testing is considered to be both a practice and a process of inspecting the genitalia of unmarried girls and women to determine if they are sexually chaste²⁶ and is widely practiced in some rural communities and ethnic groups in Zimbabwe. Virginity testing involves physical inspection of the inner side of the vagina with the eye, the insertion of fingers into the vagina while others make use of sponges which are marked with lines where the sponge should penetrate the vagina up to a certain point if the girl is a virgin²⁷. The practice has been common particularly among some of the marginalised rural women and ethnic groups in Mberengwa, Masvingo, Gokwe, Makoni, Hurungwe, Hwedza, Beitbridge, Binga, Hwange and Binga.²⁸ Some churches are also clandestinely practicing virginity testing.

Under the Domestic Violence Act of 2006, virginity testing is outlawed as a harmful cultural and religious practice that violates the dignity and rights of women and girls. Virginity testing also brings with it potential health hazards as it is conducted by non-health personnel using crude and unhygienic methods and processes. However, despite the promulgation of the Domestic Violence Act of 2006 which criminalizes virginity testing, the practice is still being *“carried out to this very day in Zimbabwe for girls and young females by different ethnic groups as well as religious sects mainly as a strategy to among other things promote sexual abstinence which is regarded as a precautionary measure to avoid unwanted pregnancies*

²⁵MICS, 2019

²⁶Chisale & Moyo, 2016; Thobejani & Mdhluli, 2015; Madlala, 2001.

²⁷Durojaye, 2016; Thabethe, 2008

²⁸Wurigan et al., 2020; Siamonga, 2017

and early parenthood among the teenage girls”.²⁹ This harmful practice has however not been captured in population based studies such as DHS and MICS and more therefore needs to be done to establish the magnitude and prevalence of this practice across the country

Wife Inheritance and Property Disinheritance

The custom of wife inheritance, or *kugara nhaka* was traditionally widely practiced in Zimbabwe. It involved the wife of a deceased man being inherited by a relative, usually his brother. If the wife refused to be inherited, she was usually disinherited by the relatives of the husband and chased away from her homestead. She would lose the property acquired together with the late husband as well as the land that they survived on.

Although the practice of wife inheritance and widow disinheritance has declined owing to a combination of modernization, increased awareness and strict laws on family laws and GBV, it has not completely died down. A study by Human Rights Watch conducted in 2016 in Zimbabwe’s 10 provinces revealed the vulnerabilities and abuses that widows in Zimbabwe still face. Based on interviews with 59 widows, the study documented several cases of forced wife inheritance and dispossession of property by the husband’s relatives. As noted in the Human Rights Watch report, two thirds of the women who spoke to Human Rights Watch said they experienced the profound injustice of their in-laws taking over their homes or property and feeling helpless to stop it. Others simply did not know that they had property and inheritance rights to begin with and were unable to withstand the intimidation tactics used by their in-laws such as daily shaming, harassment, and physical assaults. Others said that they were wary of jeopardizing relationships with in-laws with whom they had shared their lives for many years, and whom they had hoped would support them and their children in familial and cultural ways³⁰.

2.3.8 Gender Based Violence in The World of Work

GBV, in particular sexual harassment, is also common in workplaces and in education institutions. A Study conducted by the Research and Advocacy Unit (RAU) revealed that up-to 14 percent of the participants reported having been sexually harassed at work and 48 percent had witnessed a colleague being sexually harassed at the workplace and more than half of them did not know how to address the problem³¹. In 2017, the ILO conducted a Rapid Situational Analysis on Violence and Harassment in the Workplace in Zimbabwe. The findings showed the prevalence of many forms of violence in the workplace, but the highest being sexual harassment, and verbal, emotional, and economic abuse³². The study found out that of those that experienced some form of violence and harassment in the workplace, over 90 percent had experienced sexual harassment.³³ Another study conducted by the Industrial Psychology Consultants (IPC) revealed that women, mostly single mothers, are vulnerable to sexual harassment, as they are in dire need to keep their jobs to support the family.³⁴ A Baseline Survey on Sexual Harassment Issues in Zimbabwe’s Public Service conducted in the Public Services shows that 19.3% of respondents had experienced sexual harassment at work. The proportion of those that experienced sexual harassment at work was higher among women (24 percent) compared to men (17 percent). The main perpetrators of sexual harassment were supervisors (37.9%) and peers (28.7%). The majority of those sexually harassed (85%) did not report the harassment case. Although the above studies have provided useful insights on sexual harassment, the magnitude and prevalence of sexual harassment in the world of work is however not yet clearly understood because of the dearth of reliable national population-based data.³⁵

²⁹Wurigan et al. 2020.

³⁰<https://www.hrw.org/report/2017/01/24/you-will-get-nothing/violations-property-and-inheritance-rights-widows-zimbabwe>

³¹Francis Mupazviriho (2018). Sexual Harassment. Power relations at the workplace. Retrieved from <https://www.herald.co.zw/sexual-harassment-power-relations-at-the-workplace/>

³²ILO Rapid Situational Analysis on Violence and Harassment in the Workplace in Zimbabwe (2017)

³³Ibid

³⁴IPC situation study on Sexual harassment in the workplace,2018

³⁵Ibid

2.3.9 Emerging Forms of Gender Based Violence

Digital Gender Based Violence

The advancement in technology has brought along new forms of GBV, including Online or Digital Gender Based Violence. Online or digital violence against women refers to any act of violence that is committed, assisted or aggravated by the use of information and communication technology (mobile phones, the internet, social media, computer games, text messaging, email, etc) against a woman because she is a woman³⁶. While there continues to be significant data gaps, **one global study** by the Institute of Development Studies suggests that between 16-58 percent of women have experienced digital GBV³⁷. Another global study by the Economist Intelligence Unit found that 38 percent of women have had personal experiences of online violence, and 85 percent of women who spend time online have witnessed digital violence against other women. The most common forms of violence reported were misinformation and defamation (67 percent), cyber harassment (66 percent), hate speech (65 percent), impersonation (63 percent), hacking and stalking (63 percent), astroturfing (a coordinated effort to concurrently share damaging content across platforms, 58 percent), video and image-based abuse (57 percent), doxing (55 percent), violent threats (52 percent), and the reception of unwanted images or sexually explicit content (43 percent).

A study of 5 countries in sub-Saharan Africa by the Association for Progressive Communications found that 28 percent of women had experienced online GBV³⁸. Another research conducted by Meta Public Policy Department for Southern Africa, in 2021 covered eight Southern African countries, including Zimbabwe³⁹. On Zimbabwe, the study noted that there are no statistics on Online Gender Based Violence (OGBV), although interviews with victims during the study pointed to the fact that OGBV is widespread and most of the victims remain unassisted because the police are not well equipped and capacitated to deal with this crime⁴⁰. The study concluded that women aged 16-45 years are the most affected by the OGBV⁴¹. The study identified the following forms of OGBV in Zimbabwe:

- **Cyber Gender Based Violence** - This is online abuse which includes malicious behaviours such as cyber stalking and harassment, sharing embarrassing or cruel content about a person, impersonation, gender-based slurs, 'slut-shaming', unsolicited pornography, 'sextortion', rape and death threats, doxing, electronic surveillance to the non-consensual use of photography (or 'revenge porn') and violent threats
- **Cyber harassment** - This is making a request, suggestion or proposal which is obscene, lewd, lascivious, or indecent; or threatening to inflict injury or physical harm to the person or property of another person using news media and web-based technology to carry out harassment, such as unwanted emails, text messages, and posting on social network sites such as Facebook
- **Cyber stalking** - This refers to willful, malicious, and repeated use of electronic communication to harass another person and makes a threat with the intent to instill reasonable fear in that person for his/her safety or to a member of that person's immediate family.

The Meta Public Policy Department Online GBV study also noted that most of the victims of Online GBV are women in politics, female journalists, businesswomen, women with disability, female celebrities and sexual minorities. These groups of women have suffered online sexual coercion and extortion, emotional

³⁶UN Women

³⁷Hicks, J. (2021). Global evidence on the prevalence and impact of online gender-based violence. K4D Helpdesk Report. Institute of Development Studies. DOI:10.19088/K4D.2021.140

³⁸Association for Progressive Communication: African Feminist Research for a Feminist Internet: <https://www.apc.org/en/pubs/alternate-realities-alternate-internets-african-feminist-research-feminist-internet>

³⁹Understanding Online GBV in Africa: An 8 country analysis of the prevalence of digitally enabled GBV study of 8 countries in Africa: Meta Public Policy Department for Southern Africa, 2021

⁴⁰Ibid

⁴¹Ibid

blackmailing, cyber bullying, verbal attack and defamation of character.⁴² Online GBV has had devastating impacts on women including psychological, mental and emotional trauma; depression; withdrawal from participating in public online platforms; and suicide ideation⁴³. Media platforms commonly used to perpetrate online GBV include Twitter, WhatsApp, Facebook and Instagram.

Zimbabwe has not yet signed or ratified the African Union Convention on Cyber Security and Personal Data which was adopted by the AU in June 2014⁴⁴. The conventions seek, among other things, to address the risks and dangers associated with the use of electronic data and to address cybercrimes.

Zimbabwe passed the Data Protection Act (2021) which became the country's first law with provisions criminalizing on-line violence in line with international standards. The Act acknowledges the increased risk of online violence to which women and children are exposed to and criminalises the use of information and communication technology to commit online violence. Stakeholders such as the police need capacity building to enable them to effectively handle cyber security crimes in general and online bullying in particular. There is also need for in-depth research to determine causes, prevalence and impacts of OGBV to inform development of effective framework for OGBV. In line with the rest of Africa, the country needs to ratify the African Union Convention on Cyber Security and Personal Data.

Human Trafficking

Human Trafficking is the recruitment, transportation, transfer, harbouring or receipt of people through force, fraud or deception, with the aim of exploiting them for profit⁴⁵. Men, women and children of all ages and from all backgrounds can become victims of this crime, which occurs in every region of the world. The traffickers often use violence or fraudulent employment agencies and fake promises of education and job opportunities to trick and coerce their victims⁴⁶.

Trafficking in persons is illegal in Zimbabwe, but the prolonged economic challenges are increasingly exposing the country as a source, transit, and destination for women subjected to trafficking for sex and forced labour⁴⁷. The extent of Human Trafficking in Zimbabwe is not clear owing to data gaps on this form of GBV. There are however reports of women who were trafficked to countries in the Middle East, China, Kuwait and Saudi Arabia, where they were exploited as sex slaves and labour slaves and were subject to sub-human conditions in these countries.

Between June 2016 and December 2020 eighty (80) reports were received from victims of trafficking. The majority of the cases which were reported during the period under review were from victims who were trafficked to Kuwait, Zambia, Angola, Nigeria, South Africa, China and Middle East countries for the purposes of labour and sexual exploitation. Six [6] convictions were achieved which covered 51 victims and 9 cases were acquitted, while 11 victims did not pursue the cases⁴⁸.

In August 2022, a total of 107 (104 women and 4 men) were repatriated from Oman. 104 were women. The Government of Zimbabwe allocated resources to cover accommodation for the Victims of Trafficking (VoT), Safe Houses, food, sanitary ware, tickets back to Zimbabwe and cost for release from contracts. Upon returning the VoT are kept at Government Reception Centre in Harare for debriefing, voluntary counselling, psycho-social support and dispensing of starter packs and reintegration into society.

⁴²Understanding Online GBV in Africa: An 8 country analysis of the prevalence of digitally enabled GBV study of 8 countries in Africa: Meta Public Policy Department for Southern Africa, 2021

⁴³Ibid

⁴⁴AU Website: <https://au.int/en/treaties/african-union-convention-cyber-security-and-personal-data-protection>

⁴⁵UN Office on Drugs and Crime: <https://www.unodc.org/unodc/en/human-Trafficking/Human-Trafficking.html>

⁴⁶Ibid

⁴⁷Zimbabwe Gender Profile, 2021

⁴⁸ANTI TRAFFICKING INTER-MINISTERIAL COMMITTEE (ATMIC) presentation during National Stakeholders Consultative workshop, 2022

The government has taken some measures to combat trafficking in persons including investigating and prosecuting human trafficking cases and conducting training for law enforcement, immigration officials and other key anti-trafficking officials.⁴⁹

2.3.10 GBV in Emergencies/Humanitarian Situation and Climate Change

The burden of GBV increases significantly during humanitarian emergencies where systems for GBV prevention and response largely become dysfunctional as priority is focused on the disaster at hand. In these situations, women and girls become more exposed and vulnerable to GBV. Many adolescent girls and young women were forced to stay at home with their abusers, leading to a drastic increase in GBV in the country. During the COVID-19 outbreak, Zimbabwe experienced a 60 percent increase in reported cases of GBV. The Musasa national GBV Hotline received a total of 4,616 GBV-related calls during the lockdown period of March 30 to July 5 2020⁵⁰. From April to September 2020, almost 432 girls received post-violence care, more than 400 percent of the expected number, highlighting the increased need during this time. Health facilities needed to prioritize COVID-19 service provision, making it difficult for survivors to access post-violence clinical care and non-clinical violence response programs. The Zimbabwe Gender Commission also noted that GBV was more prevalent during lock downs⁵¹.

The experience during the COVID 19 pandemic has shown that there is need for stakeholders in the national GBV prevention and response to be capacitated to better handle challenges brought about by humanitarian and disaster situations.

There is paucity of data on Climate Change and GBV in Zimbabwe. However, although entire populations are adversely affected by impacts of climate change, women and girls suffer the most as was the case with the Cyclone Idai in Manicaland where there were reports of sexual exploitation and abuse of women and girls by responders to the disaster who were taking advantage of the desperate situation that the women and girls were in in the aftermath of the disaster.

Women suffer lack of protection, privacy and trauma and they are exposed to SGBV owing to absence of social, economic, political and physical security. Among responders, there is also a culture of impunity as the responders take advantage of the desperate situation that women and girls find themselves in⁵². There is need to develop effective response systems, capacitate humanitarian responders with gender responsive humanitarian programming skills and create awareness on SGBV during climate change induced disasters.

Key drivers of GBV include poverty; harmful religious and traditional norms, values and practices; drug and substance abuse; toxic masculinities; technology and social media; politically motivated violence; weak and inconsistent implementation of GBV related laws owing to inadequate financial and human resources; artisanal mining activities; natural disasters; and corruption⁵³. Most common forms of GBV identified include Intimate Partner Violence; Sexual Violence including rape; child marriages; teenage pregnancies; human trafficking; cyber bullying; GBV in the workplace; GBV during emergencies; and emotional violence.

⁴⁹ <https://borgenproject.org/human-trafficking-in-zimbabwe/>

⁵⁰ <https://reports.unocha.org/en/country/zimbabwe/card/2XxB9GOV93/>

⁵¹ Gender links 'Gender based violence increases in Zimbabwe' <https://genderlinks.org.za/news/110074/> (accessed 3 November 2021).

⁵² Bharat Desai: Role of Climate Change in Exacerbating Sexual and Gender-Based Violence Against Women: A New Challenge for International Law: Environmental Policy and Law, 2021: https://www.un.org/sexualviolenceinconflict/wp-content/uploads/2021/10/report/role-of-climate-change-in-exacerbating-sexual-and-gender-based-violence-against-women-a-new-challenge-for-international-law/epl_2021_51-3_epl-51-3-epl210055_epl-51-epl210055.pdf

⁵³ GBV Situation Analysis Report (2022)

2.3.11 Health Seeking Behaviour of Survivors of GBV

Survivors of Violence Against Children (VAC)

The health seeking behaviour of survivors of GBV is generally poor in Zimbabwe. Survivors of VAC in the NBLEA (2011) study were asked if they knew where to get help after experiencing GBV. The level of knowledge on where to get help was generally low for both boys and girls with only less than 40 percent of the respondents knowing where to get professional help for Sexual Violence (SV), Physical Violence (PV) and Emotional Violence (EV). Of those that knew where to get services, only 4.3 percent; 5.2 percent; and 8.6 percent of the girls sought help for SV; PV; and EV respectively while for boys, only 2.4 percent; 4.3 percent; and 6.8 percent sought services. The main reason cited by young victims for not seeking services was that they did not see the violence as a problem. Other reasons cited include fear of getting into trouble; embarrassed for self and family; and not wanting to get abuser into trouble.

Overall, the reasons put forward for not reporting the abuse reflect a number of barriers that include lack of awareness of rights and what constitute abuse among children; perception of lack of support mechanisms to protect the victims should they report the abuse; dependency on the abuser for support and fear of losing that support should they report the abuse; and fear of being blamed after reporting the abuse.

Survivors of Violence Against Women and Girls (15-49 Years)

The MICS (2019) results show that out of the females who experienced GBV (both sexual and physical), only 37.7 percent sought help to stop the violence while 62.2 percent did not seek any help⁵⁴. Of those that did not seek any help, 27 percent told someone about the GBV while 35.2 percent never told anyone. The data indicates a wide gap in seeking GBV services among survivors of GBV.

The main sources of help for GBV survivors seeking help were own family (51.4 percent), husband/partners' family (42.8 percent) and the police (28 percent). The proportion of survivors who seek help from medical doctor or medical personnel is very low at 13.6 percent for sexual violence and 2.7 percent for physical violence.

2.4 Legal Framework

Zimbabwe has enacted several laws aimed at tackling the scourge of GBV. These include the following:

(a) National Constitution (2013): the National Constitution has several provisions seeking to address GBV. Section 23 prohibits discrimination on the grounds of sex, gender and marital status. The constitution outlaws all traditional practices customs and values that constitute a violation of human rights and calls for the respect of the dignity of the person. The Constitution of Zimbabwe Amendment (No.20) ACT 2013- part II Section 52 provides for protection and freedom from all forms of violence from public and private sources. Section 53 protects citizens from being subjected to physical or psychological torture or to cruel, inhuman or degrading treatment or punishment. Section 25 (b) of the constitution calls upon the Government to protect and foster the institution of family and to adopt measures for the prevention of domestic violence.

(b) The Domestic Violence Act of 2007: provides for protection and relief to victims of domestic violence and long-term measures for prevention of domestic violence. The act expanded the ambit of violence into the previous 'sacred' spaces of the domestic sphere.

(c) Sexual Offences Act (2002) now part of the Criminal Law (Codification and Reform) Act of 2006 criminalises marital rape and prescribes sanctions for acts of GBV.

(d) The Administration of Estates Amendment Act of 1997 seeks to protect the property of the deceased for the welfare of the surviving spouse and children.

⁵⁴MICS, 2019

(e) The Maintenance Act of 1989 ensures provision of monetary or material support for the upkeep of the spouse, children and other dependents where there is a duty to do so.

(f) The Matrimonial Causes Act of 1987 ensures equitable distribution of property upon divorce.

(g) The Legal Age of Majority Act of 1982, now part of the General Laws Amendment Act, gave women all the rights and benefits of full citizens and changed the practice of inequality based on race and sex, upon reaching the age of 18.

(h) Marriages Act No.1 of 2022. The Act was harmonised with the provisions of the constitution and criminalises child marriages and in Section 3 (1) clearly states that *“No person under the age of eighteen years may contract a marriage or enter into an unregistered customary law marriage or a civil partnership. In section 3 (2) the Act further states that: “For the avoidance of any doubt, it is declared that child marriages are prohibited and under no circumstances shall any person contract, solemnise, promote, permit, allow or coerce or aid or abet the contracting, solemnising, promotion, permitting, allowing or coercion of the marriage, unregistered customary law marriage or civil partnership, or the pledging, promise in marriage or betrothal of a child”.* The Act prescribes a Level 19 fine or a prison term of up to five years.

(i) Trafficking in Persons Act (2014): it provides for: the prohibition, prevention and prosecution of the crime of trafficking in persons and the protection of victims of trafficking; establishment of an Anti-Trafficking Inter-Ministerial Committees and its composition and functions; establishment of centres for victims of trafficking in persons; and amendment of the Criminal Law Code.

(j) Cyber and Data Protection Act (No. 5 of 2021): The Act seeks to provide for data protection with due regard to the Declaration of Rights under the Constitution and the public and national interest; to establish a Cyber Security Centre; a Data Protection Authority and to provide for their functions; to create a technology driven business environment and encourage technological development and the lawful use of technology; to amend sections 162 to 166 of the Criminal Code (Codification and Reform) Act [Chapter 9:23] to provide for investigation and collection of evidence of cybercrime and unauthorised data collection and breaches, and to provide for admissibility of electronic evidence for such offences and to provide for matters connected with or incidental to the foregoing.

(k) The Labour Act is being reviewed and amended to address gaps in the act, including simply classifying sexual harassment as unfair labour practice without specified criminal sanctions under section 8 of the Labour Act.

2.5 National Policies and Strategies on GBV and GEWE

The Government of Zimbabwe, with the support of development partners, CSOs and NGOs, is implementing a number of policies and strategies aimed at eradicating all forms of GBV. Below are some of the key policies and strategies being implemented.

(a) National Development Strategy 1 (2021-2025)

The current economic development blueprint for the country is the National Development Strategy 9 (NDS 1). The NDS acknowledges that there has been limited Gender Mainstreaming across sectors and that women still face hurdles in respect of opportunities to ascend to commanding heights in the national economy, including: limited access to finance; limited access to land and freehold property; limited opportunities to influence policy; and legal, cultural and patriarchal barriers. Gender mainstreaming is thus one of the priority areas of the strategy. Gender equality will be mainstreamed across all sectors of the economy. To combat GBV, the strategy seeks to popularise the implementation of the Domestic Violence Act, implementation of Gender Responsive Budgeting (GRB) and strengthening Women Economic Empowerment (WEE) initiatives⁵⁵.

⁵⁵NDS, 2021-2025

(b) The High-Level Political Compact (HLPC) on Ending Gender Based Violence and Harmful Practices (2021-2030) in Zimbabwe.

In October 2021, the President of the Republic of Zimbabwe officially launched the first ever High-Level Political Compact (HLPC) on Ending Gender Based Violence and Harmful Practices (2021-2030) in Zimbabwe. The HLPC was signed by; The President of the Republic of Zimbabwe on behalf of the Government of Zimbabwe; United Nations Resident Coordinator on behalf of United Nations Entities in Zimbabwe; the European Union Head of Delegation on Behalf of Development Partners; Chairperson of the Zimbabwe Gender Commission on behalf of Independent Commissions; President of the Chiefs Council on behalf of Traditional Leaders; Chairperson of National Association of NGOs (NANGO); and representative of the Zimbabwe Council of Churches. All these stakeholders committed to the eradication of GBV and Harmful Practices in Zimbabwe by 2030 through the following actions:

- **WORKING** closely and collectively within whole of government approach with independent commissions, donors, development partners, UN agencies, CSOs, FBOs, traditional leaders, Community-Based Organisations (CBOs), private sector, communities and other stakeholders to pursue the vision and goal of this HLPC
- **Accelerating the** enactment, alignment and implementation of legislation and policies on gender equality, women's rights and GBV/HP
- **PRIORITISING** decentralisation of the victim friendly courts and the legal aid directorate to ensure access to justice and speedy resolution of cases and dispensation of justice for survivors of GBV
- **ESTABLISHING** and strengthening of accountability mechanisms for the implementation of the legal and policy framework for gender equality, women's rights and GBV/HP
- **CAPACITATING** institutions responsible for the national GBV response such as the Anti-Domestic Violence Council (ADVC), the Zimbabwe Gender Commission (ZGC), the National Peace and Reconciliation Commission (NPRC), Victim Friendly Unit (VFU) and Victim Friendly Courts (VFC), through the provision of adequate funding, human resources and training
- **STRENGTHENING** the national GBV response during humanitarian /emergency situations such as COVID-19 pandemic and Cyclone Idai
- **PRIORITISING** and scaling up budget support towards the national GBV response from 10percent to at least 90percent of the total budgetary requirement for the programme by 2030
- **STRENGTHENING** the national GBV response coordination mechanism, led by the Ministry of Women Affairs, Community, Small and Medium Enterprises Development through capacity-building and provision of adequate financial, human, material and technical resources
- **ESCALATING** GBV prevention, through raising awareness of constitutional and international human rights instruments, in order to change patriarchal practices that perpetuate GBV/HP
- **STRENGTHENING** women's economic empowerment programmes to eradicate poverty, which exposes women and girls to GBV
- **SUPPORTING** the national GBV research and data management system with adequate human, financial and material resources
- **ENSURING** compliance with all State Party reporting commitments on international and regional instruments and conventions on women's rights.

(c) National Gender Policy (2023-2030)

A new National Gender Policy (2023-2030) has been developed. The new policy replaces the second National Gender Policy (NGP 2013-2017). The first NGP was adopted in 2004. The third NGP has a specific pillar on GBV. The new NGP strategies for combating GBV include: adopting legislative, administrative, social and economic measures to ensure the prevention, punishment and eradication of all forms of violence against all persons in particular, domestic violence, sexual offences, femicide and human trafficking, sexual harassment; fully investigate all instances of violence; and enforce stiff penalties for perpetrators; developing and implement comprehensive prevention programmes that address the root causes of GBV; and improving the quality of programmes by adopting, using and maintaining appropriate GBV data disaggregated by age, type of violence and relationship between the victim and the perpetrator, on the number of complaints, investigations,

prosecutions and convictions and on the sentences imposed on perpetrators of GBV against all women in their diversity, as well as on the redress provided to victims, including financial compensation for policy implementation, data collection and analysis, and working with institutions and partners on researching and documenting GBV. The NGP also has a specific focus on the eradication of child marriages, elimination of GBV in the workplace, and ending trafficking of persons,

(d) Strategy for the Elimination of Sexual Harassment and Gender Based Violence in the Workplace in Zimbabwe (2021-2025)

Zimbabwe has developed a strategy for the Elimination of Sexual Harassment and Gender Based Violence in the Workplace in Zimbabwe (2021-2025). The Strategy is a tool to guide operations of the public and private sector organizations in fighting against gender-based violence (GBV) and sexual harassment at the workplace. In line with the International Labour Organisation (ILO) Convention No. 190, the strategy seeks to protect workers and other persons in the world of work including employers, against sexual harassment and gender based violence (GBV) as defined by national law and practice, as well as any working persons irrespective of their contractual status, persons in training, including interns and apprentices, workers whose employment has been terminated, volunteers, jobseekers and job applicants, and individuals exercising the authority, duties or responsibilities of an employer. The strategy puts more emphasis on the protection of female employees, who in most cases, are the victims of sexual harassment and GBV in the workplace.

The strategy applies to all sectors, whether private or public, with focus on the formal economy, and whether in urban or rural areas, and with incidents in the world of work referring to those occurring in the course of, linked with or arising out of work. The vision of the strategy is *“A Zimbabwean workplace that is free from sexual harassment and gender-based violence”*.

(e) Protocol on the Multi-Sectoral Management of Sexual Abuse and Violence in Zimbabwe (2012)

The Protocol on the Multi-Sectoral Management of Sexual Abuse and Violence in Zimbabwe, hereinafter referred to as the Protocol, was developed in 2012. The Protocol is a guidance tool for stakeholders to enable them to offer holistic, effective and efficient service delivery for survivors of sexual violence and abuse. It seeks to ensure that survivors of sexual violence and abuse are afforded their right to coordinated, comprehensive, quality care and support. The Protocol sets out minimum standards and key procedures for all relevant stakeholders to provide survivor-centred services to survivors of sexual violence and abuse. It has also adopted an age, disability and gender-sensitive approach and outlines the special measures that are required for all stakeholders engaged in preventing and responding to survivors of sexual violence and abuse.

The Protocol binds all Ministries and Departments that are signatories to the Protocol and Civil Society Organisations (CSOs) committed to the management of sexual violence and abuse.

(f) National Action Plan on Ending Child Marriages (2019-2021)

The Vision of the National Action Plan (NAP) on ending child marriages is a Zimbabwe free from child marriages where boys and girls enjoy equal status. The Action Plan seeks to: enhance a coordinated response to child marriages in the country; improve monitoring, reporting, and evaluation of programs to end child marriage in Zimbabwe; promote child and youth participation in ending child marriages; enhance compliance with minimum age of marriage; reduce incidences of child marriages. The Action Plan ended in 2021 and no successor plan has been developed to date.

(h) Public Service Sexual Harassment Policy (2022)

The Policy seeks to, among other things, combat sexual harassment in the Public Service; provide a safe working environment that is free from sexual harassment; and put in place mechanisms for redress in cases of sexual harassment in the Public Service. The Policy applies across all public service institutions.

(i) National Women in Leadership and Decision-Making Strategy (2023-2030)

The Strategy at eliminating SGBV perpetrated against female candidates within and across parties by 2023. Women participation in politics has been hamstrung by, among other factors, politically motivated GBV targeted at aspiring and sitting female candidates. The Strategy recommends reviewing the current legal provisions addressing Sexual and Gender Based Violence (SGBV) such as the Criminal Codification Act and the Electoral Act to include elections related SGBV. The Strategy also calls for political parties to draft a common agreement with sanctions which lists the nature of punishments for perpetrators of SGBV during elections. The punishments should be harsh to deter potential offenders from participating in elections.

(j) Zimbabwe National Disability Policy (2021)

The Policy calls for the protection of persons with disabilities from all forms of exploitation, violence and abuse in gender responsive ways, both within and outside homes. The Policy further calls for the prosecution of all individuals and institutions that exploit and subject persons with disability to violence.

2.6 Key Gaps in the National Response to Gender Based Violence

Zimbabwe has made commendable progress in the fight against GBV. A robust policy and legal framework is in place and several GBV programmes have been implemented over the years by Government, development partners, NGOs/CSOs/CBOs/FBOs and communities. However, despite these national efforts the prevalence of all forms of GBV in the country is unacceptably high. Submissions by stakeholders during consultations and an analysis of the national response efforts towards the eradication of GBV reveals key gaps that this strategy should prioritise to address.

2.6.1 Legal Framework

Although the legal framework on GBV is robust and progressive, more needs to be done to strengthen it. Below are some of the key gaps identified during stakeholder consultations and key informant interviews:

- **Inadequate implementation of GBV related laws** owing to a number of challenges including: patriarchal attitudes among stakeholders, inadequate human and financial resources, limited capacity among stakeholders, and corruption
- **Limited access to the formal justice system by survivors of GBV** owing to: limited awareness of laws related to GBV; inadequate understanding of how the judiciary works; inadequate access to legal services as the LAD is not decentralised to district level and there is a limited number of CSOs/NGOs offering legal services; limited access to the justice system by GBV survivors due to factors such as prohibitive costs and an adversarial justice delivery system.⁵⁶ The MICS (2019) results show that only 0.5 percent of GBV survivors have had access to legal services
- **The slow responsiveness of the formal justice system** leads survivors to resort to the informal justice system. Some GBV cases take up to 2 years before being finalised⁵⁷ resulting in withdrawal of some of the cases. GBV cases are also not prioritised in some instances. The JSC is under-resourced financially and in terms of human and material resources. In one study 44.9 percent of the respondents indicated that they rely on the informal justice system to resolve their disputes.⁵⁸
- **Slow progress in harmonising subsidiary legislation with the national constitution** and with international conventions. The harmonisation process has been slow owing to inadequate human and financial resources, insufficient political will, weak coordination mechanisms among stakeholders and the outbreak of the COVID-19 pandemic in 2019
- **Weak accountability mechanisms for implementation of GBV legislation**

⁵⁶ Ibid

⁵⁷ National Gender Forum Report (2020)

⁵⁸ Ministry of Justice Legal and Parliamentary Affairs/UNDP, Citizen Perception Mapping of the Justice Delivery System in Zimbabwe 2017

- **Low legal literacy and awareness of GBV laws** by the public and some service provider institutions⁵⁹. The legal statutes are not in vernacular nor in accessible formats and are therefore not easily accessible to the general public
- **Deficiencies in current GBV related legislation:**
- The provisions of the labour legislation relating to prevention and response to sexual harassment and sexual abuse in the workplace are currently weak and so is the enforcement of the existing provisions⁶⁰
- The Domestic Violence Act is not comprehensive on harmful cultural practices and does not criminalise emotional and psychological abuse. Emotional and psychological abuse can lead to murder and suicide and hence mechanisms of criminalising these GBV acts need to be put in place to ensure that all aspects of GBV are catered for by the relevant pieces of legislation⁶¹
- The Domestic Violence Act is not broad enough to include GBV cases that happen outside the domestic sphere. The definition of perpetrators in the Domestic Violence Act does not include those who may not be related to or living in the same household as the complainant
- Absence of a specific gender equality law enshrining the principle of equality of women and men and containing a definition and prohibition of all forms of discrimination against women, including direct and indirect discrimination in the public and private spheres, as well as intersecting forms of discrimination, in line with article 1 of the Convention⁶²
- The legal aid centres under Legal Aid Directorate (LAD) are not decentralised to district level and some do not meet minimum standards of service delivery⁶³.

2.6.2 GBV Policies and Strategies

As discussed in preceding sections, Zimbabwe has a number of national policies and strategies aimed at eliminating GBV in general and VAWG in particular. Below are identified gaps in the GBV policy and strategy frameworks of the country.

- **Policy Vacuum:** there have been delays in developing successor policies after the expiry of policy time frames. The NGP ended in 2017 and the National GBV Strategy ended in 2015 but no immediate successor policies were developed. For the GBV Strategy, the country used the GBV 365 Programme as the de facto strategy, which was not an ideal
- **Insufficient levels of human, technical and financial resources** allocated for the implementation of gender equality policies and plans. There is inadequate domestic funding for GBV programming which leaves most of the funding (approximately 80 percent) coming from external donors. While external donor funding is welcome, it is not sustainable in the long term. Inadequate funding has crippled key institutions such as the Anti-Domestic Violence Council, mandated to spearhead the campaign against domestic violence
- **Weak implementation of policies and strategies** owing to a number of challenges including: weak accountability mechanisms; patriarchal attitudes and values of decision makers leading to limited political will; and inadequate financial, human and material resources
- **Inadequate awareness of GBV policies and strategies** by some stakeholders and communities⁶⁴
- **Weak institutional capacity** owing to constrained financial and human resources. The Anti Domestic Violence Council, which has the mandate to coordinate GBV responses in the country is barely functional owing to financial and human resources incapacity. Other key institutions such as ZRP VFU lack adequate financial resources for evidence gathering and forensic tests as well as rape kits

⁵⁹Zimbabwe Gender Profile, 2021

⁶⁰Spotlight Initiative Programme Document

⁶¹National Gender Forum Report (2020)

⁶²Ibid

⁶³CEDAW: Concluding observations on the sixth periodic report of Zimbabwe

⁶⁴National Consultative Workshop

- **Weak coordination of the GBV response** especially as it relates to inter-ministerial coordination and harnessing of opportunities that other line ministries could offer in integrating and mainstreaming GBV prevention and women empowerment opportunities. Stakeholders indicated that such gaps are more visible at National Headquarter Levels between the line ministries as well as among donors and NGOs/CSOs
- **Narrow Institutional Mandate:** The Domestic Violence Council's mandate is confined to domestic violence, yet GBV is broader in scope and forms. The Council should be renamed Anti-GBV Council so that its mandate can cover all forms of GBV.

Given the above gaps and challenges, more work needs to be done to strengthen the GBV policy and strategic framework for more effective response.

2.6.3 GBV Response Programming

Several GBV response programmes have been implemented in Zimbabwe with support from Government, development partners, CSOs/NGOs/CBOs/FBOs and communities. Some of the major GBV programmes implemented over the years include: Spotlight Initiative, GBV 365 Programme; DREAMS and SAFE among others. The GBV programmes have had far reaching impacts on the GBV landscape in the country. However, a number of gaps exist in the GBV programming in Zimbabwe.

2.6.3.1 Health Sector Response

Health Sector Response to GBV is spearheaded by the Ministry of Health and Child Care (MoHCC) which provides services through its country-wide network of hospitals, clinics and health centers. Health services are provided through primary care facilities (1,444 for MoHCC, 25 Mission, 96 Council, 69 private); secondary care facilities (106 MoCC, 12 Mission, 32 private); 8 provincial hospitals; and 6 Central Hospitals.

Survivors can seek assistance from any medical staff member or section in any Health Centre. The staff member must accompany the survivor to a specified Survivor Friendly Clinic at the Centre or the unit offering equivalent services for response to their immediate medical, care and support needs according to the Guidelines for Health Workers –management of Sexual Violence, 2008. The survivor should be directed to a doctor or a nurse who is qualified to carry out a forensic examination on child or adult survivors as provided in section 278 of the Criminal Procedure and Evidence Act Amendment [Chapter 9:07]⁶⁵.

CSOs assist GBV survivors to access health services from health centres. NGOs such as Musasa, Adult Rape Clinic, Family Support Trust assists GBV survivors to access health services by providing transport to health centres and also provide health services such as HIV and STI PEP. Programmes such as the Spotlight Initiative, implemented by UN Agencies with funding support from the European Union, have supported Mobile One Stop Centres where health services are provided to GBV survivors in remote locations where health services are not easily available.

Gaps and Challenges in the provision of health services to survivors of GBV include the following:

- GBV survivors lack resources for transport, medication, hospital fees, food and accommodation necessary when seeking health services that are located far from their homes. This often results in survivors not seeking and accessing the health services. Only 14 percent of survivors of sexual violence sought help from health centres or health personnel (MICS, 2019)
- Only survivors of sexual violence have access to free medical services while survivors of physical GBV have to pay for health services, which most cannot afford
- Inadequate human resources at health centres, particularly doctors, nurses and social workers affects the quality of GBV health services provided to survivors

⁶⁵Protocol on the Multi-Sectoral Management of Sexual Abuse and Violence in Zimbabwe (2012)

- Stock outs of essential medicines such as STI treatment drugs; PEP; etc at some of the health centres resulting in some survivors being asked to buy the medication on their own, which some cannot afford
- Lack of knowledge on existence of GBV services by some survivors.⁶⁶

2.6.3.2 Psychosocial Sector Response

The experience of abuse can trigger trauma in GBV survivors, which affects their well-being and recovery. To overcome this trauma, they need timely and appropriate support. One of the essential services for GBV survivors is psycho-social support, which should be offered as soon as possible after they receive emergency health care. Psycho-social support can help them decide whether to report the abuse to the police, cope with their emotions, and reintegrate into the society in a safe and dignified manner. For children who are survivors of VAC, the Department of Social Services should provide psycho-social support as well.

The Zimbabwe Republic Police Victim Friendly Unit (VFU) is trained to provide initial counselling to the survivor to reduce trauma. Where the police encounters difficulties in handling the GBV survivor because of the level of trauma, the VFU refers the survivor to a psychologist, counsellor or social worker in the Department of Social Services for further psycho-social support. The Ministry of Health has medical social workers who also provide psychosocial support to survivors.

NGOs supporting government GBV efforts support survivors with psychosocial support including counselling, provision of security and economic support. NGOs such as Musasa have GBV One Stop Centres and Safe Shelter where survivors are provided with counselling and are trained in various income generation skills to enable them to engage in economically viable activities to support themselves.

The main challenge being encountered in the provision of psychosocial support is shortage of social workers in the Ministry of Public Service, Labour and Social Welfare (MoPSLSW). Many trained workers are migrating abroad in search of greener pastures leaving the Department of Social Services grossly understaffed. CSOs have had to fill in this gap to provide psychosocial support to survivors. Due to resource limitations, follow up counselling sessions are being conducted in a limited manner and some of the survivors only access the first counselling session.

2.6.3.3 Legal/Justice Response

Survivors of GBV need legal assistance for them to access justice. After the completion of investigations by the Police VFU, the medical affidavit as well as other evidence is presented to the National Prosecuting Authority (NPA) for prosecution. The department is responsible for the quality of the docket that is presented to the courts for prosecution.

The courts that preside over the case are under the Judicial Services Commission (JSC). The courts are responsible for ensuring all parties receive a fair trial and ensuring that justice is served in line with the relevant legislation. They are ultimately responsible for ensuring that vulnerable survivors and witnesses are supported to actively and meaningfully participate in the justice process and that all other interested parties meet their obligations⁶⁷. All sexual violence and abuse cases are to be treated as a priority case by all stakeholders. For the Courts, this requires that the urgency of these matters be considered in both the scheduling of hearing dates, and the order in which matters are attended to each day⁶⁸. The use of survivor-friendly measures is to be promoted, regardless of whether the trial is heard in an ordinary or specialised victim friendly system service.

⁶⁶Stakeholder consultations

⁶⁷Protocol on the Multi-Sectoral Management of Sexual Abuse and Violence in Zimbabwe (2012)

⁶⁸Ibid

The Legal Aid Directorate (LAD), under the Ministry of Justice, Legal and Parliamentary Affairs (MOJLPA) has the mandate to deliver free legal aid services to indigent persons across the country. This means that survivors of GBV should be provided with assistance to apply for protection orders and maintenance from the courts.

Access to justice by survivors of GBV is fraught with challenges, including the following.

- **Inadequate financial and human resources** within the Judicial Services Commission (JSC) and the Department of Public Prosecutions (DPP) which leads to delays in processing and finalisation of GBV cases beyond the period recommended in the Protocol on the Multi-Sectoral Management of Sexual Abuse and Violence in Zimbabwe
- **Lack of prioritisation of GBV cases:** In some cases it has taken over 2 years for the GBV cases to be finalised. In the process the survivors and witnesses are required to appear in court several times and this lead to fatigue. Given that most of the survivors are poorly resourced, they are unable to secure transport money to attend the trials as required. Consequently, some of the survivors end up withdrawing their cases or simply not turning up⁶⁹
- **Perception that the judicial system is corrupt:** some of the survivors have complained about corruption within the judiciary system. This perception discourages survivors to take up their cases with the courts as they believe “it’s a waste of time”⁷⁰
- **Inadequate infrastructure and equipment for VFU and Criminal Investigation Department (CID) forensic laboratories:** Many of the VF Police Units and VF Courts needed refurbishment and equipment to become operational. CID forensic laboratories for forensic investigations of sexual abuse lack adequate equipment and materials to effectively conduct their work.

2.6.3.4 Security and Safety of Survivors

All the stakeholders handling GBV survivors should ensure that they have adequate security and protection from the perpetrators. Security of the survivors is a priority, and this should be ensured through placing the survivor in a safe house or ensuring that the perpetrator is denied bail or is given a protection order by the courts which might require him/her to leave the home and stay elsewhere in the interest of the survivor. In the case of a child, a probation officer from the Department of Social Services will do a risk assessment and find a safe place for the child.

Government and CSOs such as Musasa have established safe houses for survivors of GBV. Some of the safe houses are community based in rural areas while others are in urban areas. The safe houses are transit centres where survivors stay until their cases are finalized. During the stay at the safe houses, the survivors are provided with counselling, transport to and from courts and legal services during the processing of their cases by the courts. At some of the safe houses, CSOs are training the survivors in survival skills such as gardening, detergent making and dress making. The objective is to enable the survivors to utilize these skills when they leave the safe shelter to generate income which will make them economically independent from their abusers.

Some of the challenges in the provision of security and safe shelter include the following:

- The operation of the safe shelters is hamstrung by limited financial and human resources. Some of the shelters do not have vehicles to transport survivors to and from court, and have to rely on hired transport, which is expensive. Other shelters lack adequate food and amenities for the survivors
- The safe shelters are also exclusively for women and girls and are not designed to handle men and boys. Men and boys who are survivors of SGBV have their security needs largely unmet by the current GBV response interventions.

⁶⁹Stakeholder Consultations

⁷⁰FGD with community members

2.6.4 GBV PREVENTION PROGRAMMING

GBV Prevention intervention programming in Zimbabwe is mainly focused on strengthening the legal and policy framework and awareness raising to change harmful social norms and practices. Comprehensive sexuality education has also been introduced in schools, through the Guidance and Counselling Module, to educate boys and girls on SRHR and SGBV. Prevention programmes are mainly spearheaded by CSOs with funding from development partners and in partnership with government, traditional leaders and communities. Below are some of the key gaps in GBV prevention programming in the country:

- **More Focus on Response than on Prevention:** Most prevention efforts are concentrated on secondary prevention of GBV (i.e., responding to GBV when it has happened) with much less targeting and resource allocation for primary prevention (i.e., preventing GBV before it occurs)
- **Men and Boys Engagement:** there is generally failure to maximize the opportunity to work closely with men and boys in the response to GBV. Male engagement and participation are generally overshadowed by the focus on the girl child and women empowerment. As men and boys are the main perpetrators of GBV, they could be included in the response and encouraged to use their influence in prevention of GBV
- **Limited Geographical Coverage of GBV Programming:** GBV is widespread throughout the country. However, owing to limited resources, there has been limited geographical coverage by major GBV programmes such as Spotlight Initiative and GBV 365 as they were implemented only in a few districts. For example, While the SI was one of the flagship GBV programmes in the country, coverage was limited as it was confined to only five provinces. GBV is prevalent across all provinces and hence the limited coverage left out some needy areas where GBV prevalence is high
- **Short Project Life Cycles:** Changing harmful norms and practices require time and hence long-term and consistent interventions are needed for impact to come. Most GBV programmes have a lifespan of between 1 and 4 years. While the implemented GBV programmes have contributed to some significant impacts, efforts at norm and attitudes changing could be more effective with a longer lifespan of more than five years
- **Inadequate participation by the private sector in the national GBV response**
- **The economic, social and health costs of GBV** to the nation have not been quantified and this makes it difficult to make a business case for increased funding for GBV programming from treasury, private sector and donors
- **Limited capacity of some stakeholders** to provide appropriate, timely and user-friendly services to survivors of GBV
- **GBV mainstreaming in humanitarian/disaster situations:** Capacity Gaps in GBV mainstreaming by GBV responders during humanitarian crises such as floods, cyclones, droughts, pandemic outbreaks etc.

2.6.5 GBV Data Collection and Management

There is a lack of an integrated and inter-operable GBV Information Management System (IMS) and database to collect and manage GBV programming data from the multi-sectoral stakeholders. The lack of a centralized data base makes it difficult to have up to date information on GBV prevalence, type of interventions being implemented, geographical spread of the interventions, and number of people reached with the GBV response programmes and impact of the interventions. There is also uncoordinated GBV data collection system; limited infrastructure to collect GBV information; and lack of standardised GBV data collection tools across service providers⁷¹.

2.6.6 Coordination

The National GBV coordination machinery comprises National GBV Coordination Forum which is the umbrella body responsible for coordination all GBV activities. The National Coordination Forum is made up of sub-committees, namely: the Victim Friendly System; the Child Protection Committee; the Country Coordination

⁷¹ZIMSTAT: National Stakeholder Consultative Workshop

Mechanism on Ending Child Marriage; GBV Sub-Cluster; and the Gender Thematic Working Group. The Anti-Domestic Violence Council is the secretariate for the coordination mechanism.

The coordination mechanism for the national GBV Prevention and Response has several gaps, including the following:

- **Incapacitation of the Anti-Domestic Violence Council (ADVC)**, which is the secretariat of the coordination mechanism, owing to poor funding and inadequate human resources. The ADVC has not been able to convene some of its coordination meeting due to resource constraints⁷²
- **Inadequate resources for coordination meetings** particularly which has resulted in some of the coordination meetings not being convened regularly as required⁷³
- **Overlapping and unclear mandates between Ministries and other institutions** which brings about confusion in implementation of interventions. For example, there is no clarity as to who takes the lead on Child Care between Ministry of Health and Department of Social Services and there is also lack of clarity regarding the Anti-Domestic Violence Council (ADVC) between Ministry of Women Affairs and Ministry of Justice as the ADVC has been moved between the ministries. This confusion affects the convening of coordination meetings
- **Absence of Terms of Reference** for some of the coordination platforms
- **Insufficient Joint Planning**: Some institutions in the national GBV response protocol duplicating their work, are not conducting joint planning and therefore not rationalizing their activities in a manner that will bring efficiency to the GBV response⁷⁴
- **Parallel coordination mechanisms** which create fatigue among stakeholders who have to attend several meetings under the different coordination mechanisms⁷⁵
- **Lack of coordination skills and capacity** among some of the stakeholders tasked with the mandate⁷⁶
- **Weak accountability mechanisms for coordination** and attendance of coordination meetings.

Given the above challenges, there is need for the GBV national coordination mechanism to be strengthened and coordination platforms need to be streamlined to avoid duplication and overlapping mandates.

2.6.7 GBV Financing

Funding of GBV programmes is largely coming from external donors. The Government is meeting approximately 10 percent of the estimated USD80 million prevention and response budget while the gap is largely filled by external donors⁷⁷. Given global decline in GBV funding, the funding landscape in Zimbabwe is not sustainable and hence the need to explore ways of increasing domestic funding for GBV programming. In the HLPC, the Government of Zimbabwe has committed to funding 90% of the GBV budget by 2030.

⁷²National Stakeholder Consultative Workshop

⁷³Ibid

⁷⁴National Gender Forum Report (2020); Stakeholder consultative workshop

⁷⁵National Stakeholder Consultative Workshop

⁷⁶Ibid

⁷⁷Spotlight Initiative: Financing Options for Sexual and Gender Based Violence in Zimbabwe: Policy Brief Summary

3. RATIONALE FOR A NEW NATIONAL GBV STRATEGY

The last National Gender Based Violence Strategy ended in 2015, having been running from 2010. After the expiry of the GBV Strategy, the country did not manage to develop a successor GBV Strategy and resorted to using the Zero Tolerance 365: National Program on Gender Based Violence Prevention and Response (2016 – 2021). While the use of the Zero Tolerance 365 programme provided guidance on priority areas of focus, it still remained a programme that could not replace a national strategy needed to provide a national framework for GBV programming. It was imperative therefore that a new National GBV Strategy be developed that reflects and is relevant to the current GBV context and the emerging GBV issues in the country. The new GBV strategy was also needed to align the national GBV response to the current national development priorities and changes in the normative framework of the country including the launching of the High-Level Political Compact on the Elimination of GBV and Harmful Practices in Zimbabwe.

A GBV Situation Analysis (2022) and a GBV Assessment (2023) conducted identified several GBV prevention and response gaps in the country that have been highlighted in the preceding section. These gaps call for a review of current strategies and approaches and hence this Strategy is targeted at addressing the key shortcomings identified. The Strategy also seeks to build on the successes and strengths of the previous GBV Strategy as well as ongoing National GBV response efforts.

4. VISION, GOAL AND OBJECTIVES

Vision: A gender-just society free from all forms of GBV and Harmful Practices by 2030.

Goal: A 20 percent reduction in the prevalence of all forms of Gender Based Violence and Harmful Practices by 2030.

Objectives

- a) To promote prevention and early identification of all forms of Gender Based Violence
- b) To strengthen the delivery of effective, accessible and responsive protection, care and support services to those affected by Gender Based Violence
- c) To strengthen national and sub-national capacity to efficiently and effectively respond to Gender Based Violence
- d) To ensure that all humanitarian, disaster and conflict response actors integrate GBV prevention and mitigation measures in their work
- e) To strengthen data collection, research, information and knowledge management systems
- f) To ensure efficient, accountable and effective management, coordination and partnerships building for the sub-national and national gender-based violence response
- g) To mobilise adequate resources for effective implementation of the National GBV Response.

5. GUIDING PRINCIPLES

Implementation of the National GBV Strategy will be guided by the following principles:

a) **Ethical Conduct**

GBV is a serious threat to human lives. Implementation of the Strategy will adhere to ethical principles to ensure that both survivors and stakeholders are not exposed to harm. All GBV programmes and interventions must put the safety and security of victims and survivors first, which must be guaranteed to victims and survivors. Ethics are particularly important to prevent the potentially severe security and emotional hazards that people participating in GBV programmes may be exposed to, such as women and child survivors of GBV, or advocates who speak out publicly.

The following ethical principles will guide Strategy implementation:

- **Respect for persons:** which relates to respecting the autonomy and self-determination of participants, and protecting those who lack autonomy, including by providing security from harm or abuse
- **Beneficence:** a duty to safeguard the welfare of people/communities involved, which includes minimizing risks and assuring that benefits outweigh risks
- **Confidentiality:** privacy, disclosure and informed consent in all responses to GBV
- **Justice:** a duty to distribute benefits and burdens fairly.

b) **Leaving no one behind**

The national GBV response will ensure that socially excluded groups and marginalised communities, those living in hard-to-reach areas, people with disabilities, communities in conflict, humanitarian crises and emergencies and individuals of all age-groups participate and are reached with appropriate messages using suitable relevant, and accessible communication mechanisms and formats.

c) **Multi-Sectoral and Multi-Disciplinary Approach**

All stakeholders in the National GBV response framework are responsible for the Strategy implementation. As GBV is a complex problem with root causes at different levels, preventing and responding to GBV requires the full involvement of every sector. This includes but not limited to education, health, the police, the justice system, social services, private, and the finance sectors. All sectors and agencies at national and local levels need to work together as a coherent system. Additionally, the development and implementation of comprehensive and coordinated multi-sectoral policies, programmes, systems and processes, in line with international standards should bring together and strengthen the commitment of all relevant government agencies, CSOs, private sectors and other actors. The campaign will be multi-sectoral and decentralized in its approach to accommodate the diverse stakeholders and population groups and to reach different communities.

d) **Human Rights Based Approach**

Implementation of the Strategy will be guided by regional and international human rights principles that identify GBV as a development problem and a violation of human rights. The Strategy will be grounded in the understanding that GBV is a human rights violation rooted in and contributing to power imbalances between women and men. The approach entails taking active steps to embed human rights standards in laws, policies and responses to GBV and recognizing the interdependence and interrelated nature of human rights. It includes addressing underlying gender inequalities; unequal power relations and discriminatory gender norms and stereotypes as well as promoting gender equality and the realization of human rights, and ensuring the full and effective participation of women, men and girls and boys in all prevention and response. All stakeholders in the GBV national response should realize and subscribe to the fact that GBV is not a private matter, a

sacrosanct tradition or an ordinary burden that women must accept to bear but that it is a fundamental human rights violation.

e) Gender Analysis and Inter-Sectionality of GBV

The implementation of the Strategy will be based on careful analysis and understanding of the root causes of GBV in a system of gender inequality and women's subordination. It will further be based on an understanding of the multi-dimensional forms of GBV influenced by the overlapping or intersecting social identities and related systems of domination and discrimination. These identities that can intersect include gender, race, colour, social and economic class, ethnicity, nationality, marital status, religion, age, migrant or refugee status, disability, political affiliation or opinion and HIV/AIDS status. These inform GBV in many different ways. Intersectionality is essential because it helps our understanding of the different lived experiences of women and girls in different contexts and how these intersections impact experiences, structures of power and oppression. It examines how social categories such as gender, race, and ethnicity overlap and shape the experiences, life outcomes, and views of the world for women and girls. The Strategy will recognize and address the multiple and intersecting forms of violence against women.

f) Evidence-Based Approach

Implementation of the Strategy will be grounded on empirical evidence and meaningful participation of women and men, especially those from marginalized groups and sectors. Evidence can be gathered through regular disaggregated data collection and other means on the extent and impact of GBV as well as ongoing monitoring and evaluation to assess the impact and effectiveness of the Strategy implementation.

g) Direct and meaningful engagement of civil society organizations

CSO and CBO's role in community-based actions and in advocating for changes in public sector policies and services, demanding accountability on VAWG commitments from government institutions, and in socio-cultural practices that reinforce GBV will be emphasised in the implementation of the Strategy.

h) Community involvement, ownership, and participation in the GBV response will be promoted for the success and sustainability of the response.

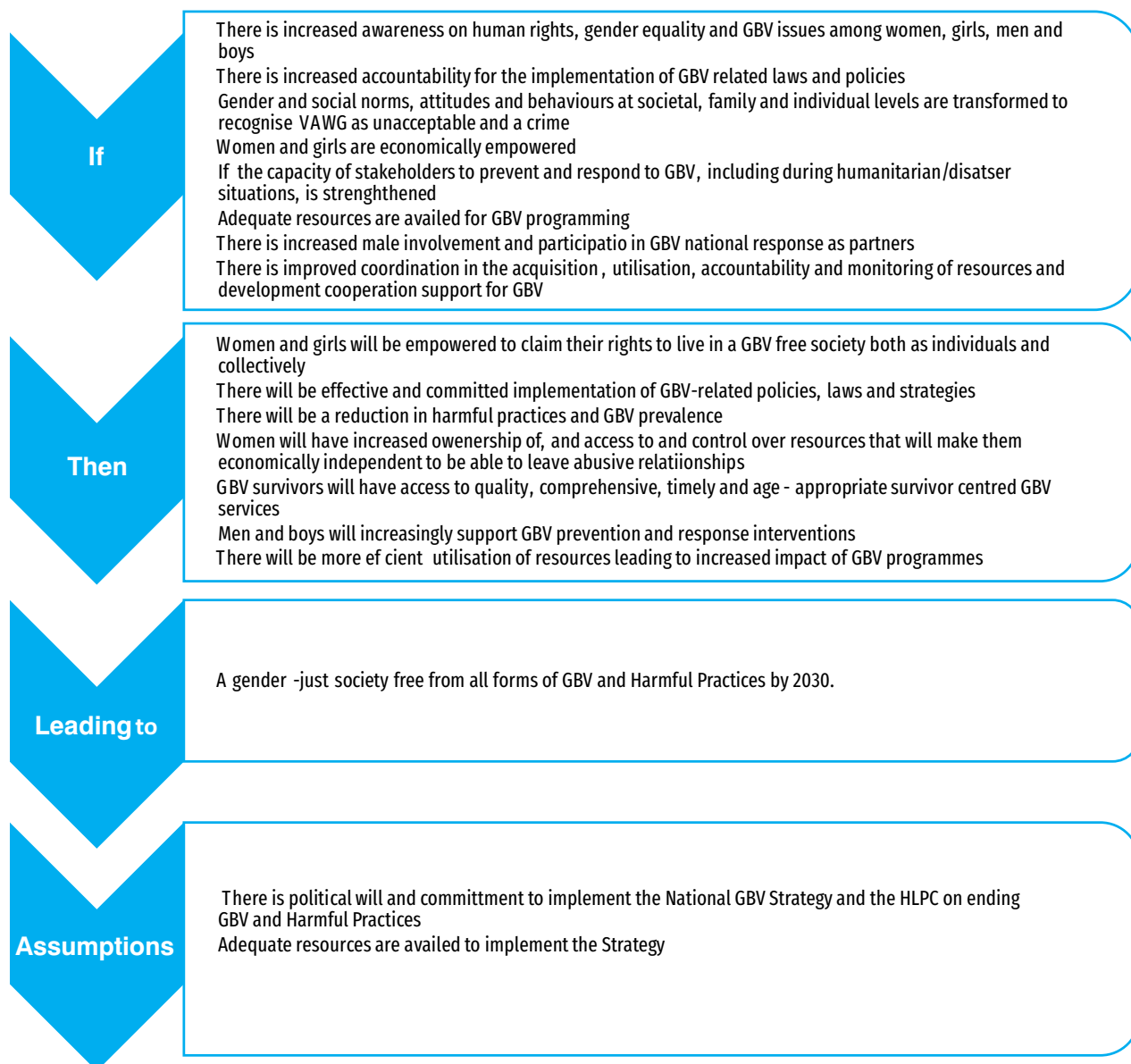
i) Adaptability and Innovation

Implementation of the Strategy will be highly innovative and adaptable to the changing context and circumstances, particularly those related to COVID-19, humanitarian disasters and conflicts to ensure that it remains relevant and appropriate to the needs of survivors and other stakeholders. Innovation will include the use of technology to enhance the implementation effectiveness.

6. THEORY OF CHANGE

Figure 2 below reflects the Strategy's Theory of Change

Figure 2: Theory of Change



7. PRIORITY AREAS FOR THE NEXT SEVEN YEARS

The following are the priority areas of the Strategy for the next seven years.

- Prevention
- GBV Response-Protection, Care and Support Services
- GBV in Emergencies, Humanitarian, Disaster and Conflict Situations
- Capacity Strengthening
- Evidence Based Programming: Data, Information, Knowledge Management and Monitoring and Evaluation
- Strengthening Coordination, Networking and Partnerships at National, Sub-National and Community Levels
- Resource Mobilisation.

8. TIME FRAME

The proposed time frame for the Strategy is 2023-2030, with a Mid Term Review in 2026

9. KEY STRATEGIES AND ACTIONS

9.1 Strategic Focus Area 1: Prevention

Under this Focus Area, the Strategy will promote prevention and early identification of GBV by addressing associated legal, policy, social, cultural and/or traditional, religious, political and economic drivers of GBV. Efforts to prevent GBV should entail transforming gender discriminatory or stereotypical laws, cultures, attitudes and behaviors. Prevention actions should be reinforced across a range of settings including family, schools, workplaces, religious and cultural institutions and the media. This will entail working with individuals or families as well as engaging different groups of people (such as men and boys, parents, children) at the individual, organizational, community and societal levels. Emphasis will be on innovation, replication and scaling up of successful prevention programmes, and on community-driven responses to GBV. Using the intersectionality lenses, care should be taken to ensure that prevention efforts also target communities where vulnerable groups such as women with disability, women located in rural and hard to reach areas, poor women, women belonging to religious groups with high child marriage prevalence, women in humanitarian, disaster or conflict situations and women in conflict with the law are located.

Strategy Objective 1: *To promote prevention of all forms (including emerging forms) of Gender Based Violence.*

Strategies

Thematic Area	Key Strategies
Legal Framework	Support completion of harmonization of the remaining laws and bills with the 2013 Constitution and with global and regional instruments on GBV.
	Review and update GBV related laws such as the DVA and the Labour Act to make them more effective in preventing and combating GBV, including emerging forms of GBV such as Online GBV.
	Advocate for the establishment and piloting of special GBV Fast Track Courts for handling GBV cases in a timely and efficient manner.
	Improve legal literacy and awareness among men, women, boys and girls in communities, including vulnerable women and girls such as those with disability, resource poor and those that reside in rural and hard to reach areas.
	Strengthen accountability mechanisms for the implementation of GBV related laws
GBV Policies and Strategies	Improve awareness on the Gender Equality and Women's Rights Constitutional Provisions, the HLPC, the DVA, GBV Strategy, National Gender Policy and all GBV related laws among men, women, boys and girls in communities including socially excluded vulnerable groups of women and girls.
	Strengthen the capacity of relevant institutions and stakeholders to enable them to effectively implement GBV related policies and strategies, including those for marginalised and socially excluded groups of women and girls.
	Strengthen accountability mechanisms for the implementation of GBV related policies and strategies.
Awareness Raising and Norm Changing	Design, implement and evaluate targeted, systematic, evidence-based, context specific, culturally sensitive and wide-reaching norm changing awareness raising and education campaigns on all forms of GBV and Harmful Practices; GBV as a human rights issue; and consequences for GBV perpetrators.

Male Engagement	Engage men and boys as well as cultural gatekeepers (traditional and religious leaders) as partners in the fight against GBV
Women Economic Empowerment	Support women to engage in sustainable income generating activities to enable them to become economically independent and be able to move away from abusive and exploitative relationships whenever it becomes necessary. Ensure the support includes marginalised and socially excluded groups of women including those with disability and those located in rural and hard to reach areas
GBV in school curriculum	Upscale and strengthen implementation of GBV Curriculum for schools, colleges and pre- service training for the medical, justice and police sectors.

9.2 Strategic Focus Area 2: GBV Response: -Protection, Care and Support Services

The response to GBV involves addressing the effects of acts of violence that has already taken place by providing protective, care and support services. Protection, care and support services include actions and measures by different service providers and stakeholders (police, justice, health, social services and non-formal elements). It also includes prohibiting further acts of violence from taking place. Zimbabwe continues to face challenges in responding to GBV. These challenges include; poor enforcement of laws and implementation of set policies, strategies and action plans; the dual legal system that exist comprising the Customary Justice System and the Common Law System; insufficient support measures including limited access to, for instance, medical, psycho-social, and shelter services; lack of consistent monitoring; inadequate resources (funding for shelters, One Stop Centres, transport for service providers/survivors); Limited capacity and understanding of GBV issues by service providers; lack of coordination among service providers which affects the referral pathway; weak case management system (affecting timely quality case resolution); high turnover of trained staff (low remuneration etc); inadequate laws/policies to foster access to GBV response services (including during disasters); and inadequate self-care mechanisms for service providers; improper media coverage of GBV cases.

Strategy Objective 2: *To strengthen the delivery of inclusive, quality, comprehensive, effective, accessible and responsive protection, care and support services to those affected by Gender Based Violence, including persons with disability and other marginalised groups in remote and hard to reach locations*

Strategies

Thematic Area	Key Strategies
Capacity Strengthening of GBV Service Providers	Strengthen capacity of stakeholders to deliver quality, comprehensive, accessible and friendly GBV services to survivors including: health; psycho-social support; legal; justice; police; security; shelter; economic empowerment; and rehabilitation of offenders and support to persons with disability and other marginalised groups.
Minimum package for GBV survivors	Sustain and expand provision of inclusive minimum packages for GBV services such as Health; Legal; Justice; Psycho-social support; rehabilitation and reparation for survivors of GBV including for survivors with disability and marginalised groups in remote and hard to reach areas
Multi-sectoral coordination	Strengthen the multi-sectoral coordination mechanism through capacity strengthening training and through human, financial and material support.
Awareness Creation	Intensify community awareness campaigns on the GBV referral mechanism and the GBV services available to survivors and how to access the services.

Free GBV Services	Lobby for the provision of free health services to survivors of GBV
GBV Fast Track Courts	Advocate for the establishment and piloting of special GBV Fast Track Courts for handling GBV cases in a timely and efficient manner.
Perpetrator Rehabilitation	Initiate and support perpetrator rehabilitation programmes

9.3 Strategic Focus Area 3: GBV in Emergencies, Humanitarian, Disaster and Conflict Situations

Stakeholder consultations revealed a lack of expertise and experience among GBV response stakeholders to mainstream GBV during humanitarian emergencies and conflict situations, including violence during elections. As has already been noted in the preceding sections, the burden of GBV increases significantly during humanitarian emergencies where systems for GBV prevention and response largely become dysfunctional as priority is focused on the disaster at hand. In such situations, women and girls become more exposed and vulnerable to GBV. There is therefore need to ensure that women and girls in distress (in their diversity) are fully protected from GBV and have access to GBV services during humanitarian/emergency crises and conflict situations.

Strategy Objective 3: *To ensure that all humanitarian, disaster and conflict response actors integrate GBV prevention and mitigation measures in their work.*

Thematic Area	Key Strategies
Capacity Strengthening	Strengthen the capacity of disaster, humanitarian and conflict situation responders to provide survivor centred, confidential, comprehensive, timely and appropriate GBV services during disasters.
Advocacy	Strengthening advocacy and awareness-raising on GBV issues and rights among humanitarian actors, donors, governments, and media.
GBV mainstreaming protocols, tools and guidelines	Distribute and sensitive stakeholders on the guidelines, protocols and toolkits for mainstreaming GBV during emergencies (e.g. floods, drought and pandemics such as COVID-19) and conflict situations (including GBV during elections). Ensure that the prevention of all forms of GBV, particularly sexual violence and exploitation, is incorporated into disaster risk reduction and management protocols and programs as well as in all humanitarian response assistance.
Dedicated GBV Coordinators during emergencies & conflict situations	Establish positions of GBV coordinators during emergencies and conflict situation to coordinate GBV mainstreaming
Awareness creation	Create awareness during humanitarian situations on sexual abuse and exploitation and remedies for those that experience the abuse.
Community Engagement	Engage affected communities, especially women and girls, in the design, implementation, and monitoring of GBV interventions
Rapid GBV Assessments	Conduct rapid GBV situation assessments during emergency or crisis/ conflict situations to make informed and evidence- based decisions on prevention and response to GBV.

9.4 Strategic Focus Area 4: Capacity Strengthening

The Strategy aims at continuous capacity strengthening of national, sub-national and community actors who are involved in the national GBV response, so that they can respond to GBV more efficiently and effectively. The Strategy will address the capacity gaps of partners in each of the key programming areas: prevention, protection, care and support and knowledge management. The Strategy will also focus on the capacity needs of communities. The Strategy will enhance the capacities of key service providers, such as the police, health and social workers, legal and judiciary officers and CSOs and other stakeholders such as the media, who play a key role in GBV prevention and in the provision of quality and comprehensive GBV services. Capacity strengthening efforts will also focus on issues of leadership, governance and coordination in the national GBV prevention and response.

Strategy Objective 4: *To strengthen the capacities of national and sub-national stakeholders to efficiently and effectively respond to Gender Based Violence.*

Strategies

Thematic Area	Key Strategies
Capacity strengthening of GBV responders.	Provide standardized and comprehensive pre-service and in-service training on the issues surrounding GBV, its causes and consequences for all relevant professionals across sectors and jurisdictions that respond to GBV including health; police; education; legal and judiciary; psycho-social support workers; and rehabilitation workers.
	Provide adequate material, financial and human resources to institutions that provide GBV services
	Support the resuscitation of the Anti-Domestic Violence Council which has been barely functional for the past years.
Capacity strengthening at community level	Providing training for community-based organizations, traditional and faith leaders, media and other stakeholders on prevention of, and response to GBV.
	Building the capacity within communities to develop non-formal responses to victims/survivors of GBV

9.5 Strategic Focus Area 5: Evidence Based Programming: Data, Information, Knowledge Management and Monitoring and Evaluation

This Strategy aims to enhance the collection and management of high-quality, disaggregated data and strategic information on GBV. It will also support the development of a GBV Information Management System and database. Monitoring and Evaluation (M&E) is a crucial process that uses data to evaluate the components and outcomes of GBV interventions and to inform decision-making on the GBV response. The Strategy aims to support the collection and management of accurate and timely data and information on GBV, including the prevalence of violence and the effectiveness of measures taken to address it. The Strategy will also document, share and discuss results, good practices and lessons learnt among stakeholders.

Strategy Objective: *To strengthen data collection, research, information and knowledge management systems.*

Strategies

Thematic Area	Key Strategies
GBV Data	Develop an integrated and inter-operable GBV Information Management System (IMS) and database; strengthen coordination of GBV data collection system; improve infrastructure to collect GBV information; and develop standardised GBV data collection tools for use by all stakeholders.
	Disseminate reliable and comparable GBV data and statistics on a regular basis, disaggregated by sex, age, disability status, and marginalisation status at the national and local levels.
	Promote sharing of GBV data, best practices and experiences.
Monitoring and Evaluation	Develop national monitoring and evaluation mechanisms to assess policies and programmes, including GBV preventive and response strategies, in both public and private spheres.
Research	Conduct a National Study on the Cost of GBV to the country to provide evidence that can be used to establish a business case for increased funding towards GBV programming.
	Promote multi-disciplinary research on the structural and underlying causes of GBV, including its types and prevalence.
	Conduct research to determine the magnitude, drivers and impacts of emerging forms of GBV such as Online Gender Based Violence; GBV in Humanitarian Situations; Drug and Substance Abuse Induced GBV; and GBV and Climate Change.

9.6 Strategic Focus Area 6: Strengthening Coordination, Accountability, Networking and Partnerships at National, Sub-National and Community Levels

The Strategy aims to address GBV in a multi-sectoral way, involving different stakeholders from various sectors and levels of society. The Strategy recognizes that GBV is a complex and multi-dimensional problem that requires coordinated and collaborative efforts to prevent and respond to it. The Strategy will seek to strengthen partnerships, coordination, accountability and linkages among and between the multi-sectoral stakeholders for effective implementation of the strategy. These stakeholders include government, civil society, experts, researchers, development partners, private sector, the media, the community and others. The Strategy will leverage resources, identify and build on best practices, scale up promising interventions, discuss lessons learned and challenges, conduct research, and avoid duplication. The Strategy will ultimately aim to reduce the risk of GBV for all persons of concern and ensure that all survivors of GBV have adequate and timely access to quality services that meet their needs.

Strategy Objective: *To ensure efficient, accountable and effective management, coordination and partnerships building for the sub-national and national gender-based violence response.*

Strategies

Thematic Area	Key Strategies
Coordination	Support strengthening of the GBV coordination platforms at national; inter-ministerial; and sub national level through: restructuring of coordination platforms to ensure that there is no duplication of efforts and overlapping of mandates; capacity training and material, financial and human resources support; and ensuring that all the coordination sub-platforms report to the umbrella coordination platform, the National Gender Forum.
	Resuscitate the Anti Domestic Violence Council to enable it to effectively discharge its coordination mandate.
	Develop and implement accountability mechanisms for coordination and reporting on GBV at both national and sub-national levels
Networking and Partnerships	Create platforms at national and sub-national levels for sharing information, experiences and good practices on GBV programming
Evaluation	Conduct periodic evaluations of the GBV coordination mechanisms to assess effectiveness and to identify gaps.
Resource Mobilisation	Mobilise resources to support coordination activities at both national and sub-national levels

9.7 Strategic Focus Area 7: Resource Mobilisation

The success of the GBV Strategy hinges critically on the availability of adequate resources to implement the proposed strategies and activities. It is therefore imperative that the Strategy develops a resource mobilisation framework that will be used to raise funds for the implementation of the proposed actions in the strategy.

The main objective of this strategy is to provide a framework for mobilising adequate resources from donors, government, the private sector and communities for the successful and sustainable implementation of the GBV Strategy.

Strategy Objective: *To mobilise adequate resources from both domestic and external sources for effective implementation of the National GBV Prevention and Response.*

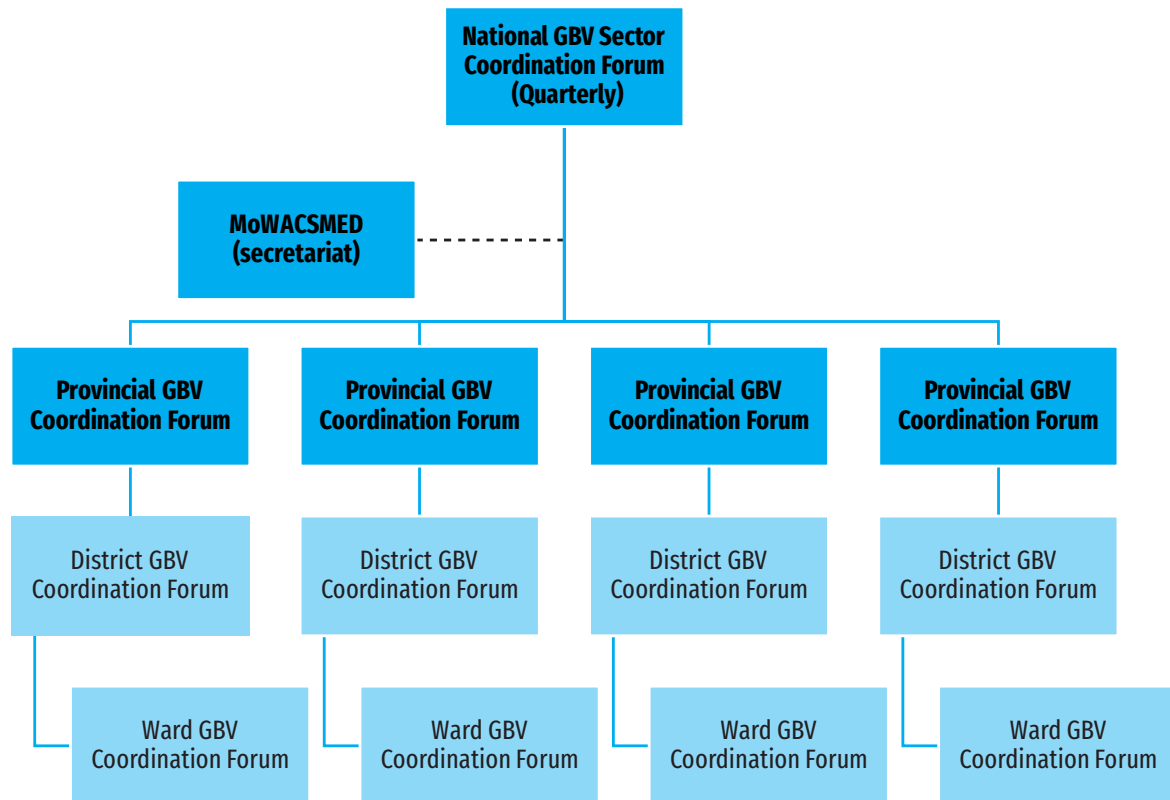
Strategies

Thematic Area	Key Strategies
Business Case for Increased GBV funding	Build a strong evidence base on GBV to justify increased investments in GBV interventions from the national budget through conducting a study on the Cost of GBV to the Country.
Donor Engagement	Engage donors regularly through round table meetings, attending donor conferences and submitting concept notes, policy briefs and white papers and provide evidence on the GBV situation in the country.
Gender Responsive Budgeting	Institutionalise Gender Responsive Budgeting across all government institutions responsible for the national GBV response to enable specific budgets to be set aside for GBV through the programme-based budgeting model adopted by the government.
Private Sector	Engage the private sector to enable them to play an increasing role in national GBV prevention and response. Build a business case for their support.
Capacity for resource mobilisation	Strengthen the capacity of GBV stakeholders, including CSOs, Community-Based Organisations and Faith Based Organisations, to mobilise resources and support them to engage in income generating activities to enable them to support local GBV response activities.
Domestic Funding of GBV	Lobby and advocate for government to allocate a specific percentage of the national budget towards GBV programming.
	Track allocation and utilisation of GBV funds allocated by national treasury

10. INSTIT

The GBV institutional framework and coordination mechanism will comprise the National GBV Sector Coordination Forum, which will be replicated at provincial, district and ward levels as shown in Figure 4 below.

Figure 4: GBV Coordination Mechanism



GBV Sector Coordination Forums

MoWACSMED has the mandate to coordinate stakeholders working on GBV at National, Provincial, District and community levels through the GBV Coordination Forums. At national level, the GBV Coordination Forum is chaired by the Permanent Secretary in MoWACSMED while the Provincial Development Officer (PDO) will chair the Provincial GBV Coordination Forum and at district level, the District Development Officer (DDO) will chair the GBV Forum. At ward level, GBV activities will be coordinated by the Ward Development Coordinator (WDC). The MoWACSMED is mandated to coordinate GBV policies and programmes through a multi-sectoral approach.

The GBV coordination forum meetings are convened monthly at provincial, district and ward levels and quarterly at national level. The table below shows the membership for the GBV Coordination Forums at various levels.

Coordination Mechanism	Membership	Lead Institution	Frequency of Meetings
National, Provincial and District GBV Coordination Forums	<ul style="list-style-type: none"> • MWACSMED • ADVC • OPC • MoJLPA • MPSLSW • MoHCC • Ministry of Finance & Economic Development • Ministry of Primary & Secondary Education • Ministry of Higher and Tertiary education • Min. of Home Affairs • NPA • JSC • ZGC • NPRC • Registrar General • ZEC • ZHRC • ZRP- VFU –CID Forensic • Council of Chiefs • Religious organisations • CSOs • UNCT • Development Partners • NAC • Private Sector • Organisations representing people with disability. 	MWACSMED/OPC	Quarterly-National Monthly-Provincial & District

Ward GBV Coordination Forum	<ul style="list-style-type: none"> • Ward Development Coordinator • Village Health Workers • Child Protection Committees • Traditional leaders • Ward councillors • CBOs • FBOs 	MWACSMED	Monthly
-----------------------------------	--	----------	---------

11. ADVOCACY AND DISSEMINATION

The strategy will be disseminated to government departments and institutions, independent commissions, development partners, media and the private sector to raise awareness among the general public and stakeholders on the goal, objectives and activities of the Strategy.

Abridged and simplified versions of the Strategy, translated into local languages, will be disseminated at sub-national and community levels to create awareness. The simplified copies of the Strategy will also be translated into various accessible formats including braille and audio format to enable people with disability to access the Strategy.

12. GBV STRATEGY ACTION PLAN

The purpose of this Action Plan (AP) is to provide a time-bound framework for the operationalisation and implementation of the National GBV Strategy. The Action Plan seeks to translate stated strategy objectives into action and will serve as a comprehensive master plan for the achievement of the Strategy goal and objectives in a coordinated and complementary manner. The Action Plan focuses on what needs to be done in the next seven years to move towards Zimbabwe's goal of a 30% reduction in prevalence of GBV by 2030. The Action Plan is designed to run for seven years (2023-2030), with a mid-term review due in 2026. After the mid-term review of the NGP, a new or reviewed Action Plan will be developed, informed by the key findings of the review.

The Action Plan is structured around the Thematic Focus Areas of the Strategy and the corresponding objectives and strategies under each thematic area.

Strategy	Key Actions/Activities	Output	Key Indicators	Baseline	Timeline and Targets per year	Budget USD '000				Responsible Entity			
					2023/2024	2024/2025	2025/2026	2026/2027	2023/2024	2024/2025	2025/2026	2026/2027	
Strategic Focus Area 1: Prevention													
Strategy Objective: To promote prevention and early identification of all forms of Gender Based Violence.													
Support completion of harmonization of the remaining laws and bills with the 2013 Constitution and with global and regional instruments on GBV.	Provide adequate human, financial and material human resources to the inter-ministerial task force responsible for the harmonisation process	Increased resources allocated to the inter-ministerial task force	% increase in human, financial and material resources allocated to the task force	TBD	20%	30%	-	-	TBD	TBD	-	-	Ministry of Finance and Economic Development
	Review and update GBV related laws such as the DVA and the Labour Act to make them more effective in preventing and combating GBV, including sexual harassment and emerging forms of GBV such as Online GBV.	Gender Audit Report	Gender Audit Report	0	1	-	-	-	TBD	-	-	-	Ministry of Women Affairs, Community, Small and Medium Enterprise Development OAG Ministry of Justice, Legal and Parliamentary affairs CSOs
Advocate for the establishment and piloting of special GBV Fast Track Courts for handling GBV cases in a timely and efficient manner.	Development and implementation of an Advocacy and lobbying strategy	Advocacy and Lobbying Strategy Developed	Advocacy and Lobbying Strategy Document	0	1	-	-	-	TBD	-	-	-	Ministry of Women Affairs, Community, Small and Medium Enterprise Development
		Advocacy activities conducted	No. of advocacy activities conducted	0	3	3	3	-	TBD	TBD	TBD	-	Ministry of Justice CSOs
Improve legal literacy and awareness among men, women, boys and girls in communities.	Conduct awareness activities on Gender Equality and GBV related laws of the country	Legal literacy awareness activities conducted	No. Of awareness activities conducted	0	5	5	5	5	TBD	TBD	TBD	TBD	Ministry of Women Affairs, Community, Small and Medium Enterprise Development
													Ministry of Justice CSOs
Strengthen accountability mechanisms for the implementation of GBV related laws and policies.	Develop and accountability framework for implementation GBV related laws, policies and strategies	Accountability framework developed	Accountability Framework document	0	1	-	-	-	TBD	-	-	-	Ministry of Women Affairs, Community, Small and Medium Enterprise Development
	Conduct awareness activities on the GBV Strategy and the National Gender Policy among men, women, boys and girls in communities.	Awareness activities conducted	No. Of awareness activities conducted	0	5	5	5	5	TBD	TBD	TBD	TBD	Ministry of Women Affairs, Community, Small and Medium Enterprise Development
Strengthen the capacity of relevant institutions and stakeholders to enable them to effectively implement GBV related policies and strategies.	Conduct a capacity assessment of key institutions mandated to implement the National GBV Strategy	Capacity Assessment Report	Capacity Assessment Report	0	1	-	-	-	TBD	-	-	-	Ministry of Women Affairs, Community, Small and Medium Enterprise Development
	Implement recommendations of the capacity assessment report to address identified capacity gaps	Recommendations to address capacity gaps implemented	% of recommendations implemented	0	30%	50%	80%	100%	TBD	TBD	TBD	TBD	Ministry of Women Affairs, Community, Small and Medium Enterprise Development
Design, implement and evaluate targeted, systematic, evidence-based, context and age specific, culturally sensitive and wide-reaching norm changing awareness raising and education campaigns on all forms of GBV and Harmful Practices; GBV as a human rights issue; and consequences for GBV perpetrators.	Conduct norm changing GBV awareness activities	Norm changing GBV awareness activities conducted	No. Of awareness activities conducted per district	0	3	3	3	3	TBD	TBD	TBD	TBD	Stakeholders Ministry of Women Affairs, Community, Small and Medium Enterprise Development CSOs
	Conduct male dialogue sessions with men and boys	Male dialogue sessions conducted	No. of male dialogue sessions conducted per district	0	3	3	3	3	TBD	TBD	TBD	TBD	Ministry of Women Affairs, Community, Small and Medium Enterprise Development CSOs

Strategy	Key Actions/Activities	Output	Key Indicators	Baseline	Timeline and Targets per year				Budget USD '000		Responsible Entity
					2023/2024	2024/2025	2025/2026	2026/2027	2023/2024	2024/2025	
Support women to engage in sustainable income generating activities to enable them to become economically independent and be able to move away from abusive and exploitative relationships whenever it becomes necessary.	Conduct entrepreneurship training for survivors of GBV	Entrepreneurship training conducted for survivors of GBV	No. Of GBV survivors trained	0	200	300	400	500	TBD	TBD	Ministry of Women Affairs, Community, Small and Medium Enterprise Development
	Provide funding support to the trained GBV survivors	Funding support provided to GBV survivors	No. Of GBV survivors provided with funding support	0	200	300	400	500	TBD	TBD	CSOs Ministry of Women Affairs, Community, Small and Medium Enterprise Development
Introduce GBV Curriculum for schools, colleges and pre-service training for the medical, justice and police sectors.	Review curriculum for schools, colleges and pre-service training for the medical, justice and police sectors and introduce a GBV module.	Reviewed curriculum with GBV module	No. of curricular incorporating a GBV module	1	3	-	-	-	TBD	-	CSOs Ministry of Women Affairs, Community, Small and Medium Enterprise Development Ministry of Primary and Secondary Education Ministry of Higher and Tertiary Education Ministry of Health and Child Care Zimbabwe Republic Police Ministry of Justice
	Conduct a rehabilitation needs assessment for perpetrators of GBV	Needs assessment conducted	Needs assessment report	0	1	-	-	-	TBD	-	Ministry of Women Affairs, Community, Small and Medium Enterprise Development Zimbabwe Prisons and Correctional Services
Initiate and support perpetrator rehabilitation programmes	Roll out perpetrator rehabilitation activities	Perpetrator rehabilitation activities implemented	No. Of perpetrators rehabilitated	0	200	300	400	500	TBD	TBD	Ministry of Women Affairs, Community, Small and Medium Enterprise Development CSOs
Strategic Focus Area 2: GBV Response: –Protection, Care and Support Services											
Strategy Objective: To strengthen the delivery of quality, comprehensive, effective, accessible and responsive protection, care and support services to those effected by Gender Based Violence, including during disaster/humanitarian and conflict situations.											
Strengthen capacity of stakeholders to deliver quality, comprehensive, accessible and friendly GBV services to survivors including: health; justice; police; security; shelter; economic empowerment; and rehabilitation of offenders.	Conduct a service delivery/response capacity assessment of key stakeholders to identify capacity needs and gaps	Capacity needs assessment conducted	Capacity needs assessment report	0	1	-	-	-	TBD	-	Ministry of Women Affairs, Community, Small and Medium Enterprise Development
	Implement capacity strengthening activities based on recommendations of the capacity assessment	Recommendations to address capacity gaps implemented	% of recommendations implemented	0	30%	50%	80%	100%	TBD	TBD	Ministry of Women Affairs, Community, Small and Medium Enterprise Development GBV Stakeholders
Establish minimum packages for GBV services such as Health; Legal; Justice; Psycho-social support; rehabilitation and preparation for survivors of GBV including for survivors with disability.	Develop a GBV services minimum package for Health; Legal; Justice; Psycho-social support; rehabilitation and preparation for survivors of GBV including for survivors with disability.	Minimum package developed	GBV services Minimum package document	0	1	-	-	-	TBD	-	Ministry of Women Affairs, Community, Small and Medium Enterprise Development GBV Stakeholders-Health; Legal; Justice; Psycho-social support; rehabilitation
Strengthen the multi-sectoral coordination mechanism through capacity strengthening training and through human, financial and material support.	Conduct an evaluation of the GBV coordination mechanism	GBV coordination mechanism evaluated	Evaluation report	0	1	-	-	-	TBD	-	Ministry of Women Affairs, Community, Small and Medium Enterprise Development
Intensify community awareness campaigns on the GBV referral mechanism and the GBV services available to survivors and how to access the services.	Implement recommendations of the evaluation report to strengthen coordination	Evaluation report recommendations implemented	% of recommendations implemented	0	30%	50%	80%	100%	TBD	TBD	Ministry of Women Affairs, Community, Small and Medium Enterprise Development
	Conduct awareness campaigns on GBV services available and the referral mechanism	Awareness activities conducted	No. Of awareness activities conducted per district	0	2	2	2	2	TBD	TBD	Ministry of Women Affairs, Community, Small and Medium Enterprise Development CSOs
Lobby and advocate for the provision of free health services to survivors of GBV	Conduct lobbying and advocacy activities with policy makers	Lobbying and advocacy sessions conducted	No. of lobbying and advocacy activities conducted.	0	2	2	2	2	TBD	TBD	Ministry of Women Affairs, Community, Small and Medium Enterprise Development CSOs
Establishment of GBV Fast Track Courts	Lobby and advocate for the establishment and piloting of special GBV Fast Track Courts for	Lobbying and advocacy sessions conducted	No. of lobbying and advocacy activities conducted.	0	2	2	2	2	TBD	TBD	Ministry of Women Affairs, Community, Small and Medium Enterprise Development

Strategy	Key Actions/Activities	Output	Key Indicators	Baseline	Timeline and Targets per year				Budget USD '000		Responsible Entity
					2023/2024	2024/2025	2025/2026	2026/2027	2023/2024	2024/2025	
	handling GBV cases in a timely and efficient manner.										Judicial services Commission Ministry of Justice CSOs
Strengthen the capacity of disaster, humanitarian and conflict situation responders to mainstream GBV in their work	Conduct capacity training sessions for humanitarian and conflict situation responders	Training sessions for humanitarian responders conducted	No. of training sessions conducted	0	2	2	2	2	TBD	TBD	Ministry of Women Affairs, Community, Small and Medium Enterprise Development
Guidelines, protocols and toolkits for mainstreaming GBV during emergencies (e.g. floods, drought and pandemics such as COVID-19) and conflict situations (including GBV during elections).	Develop guidelines and toolkits for mainstreaming GBV in emergencies	Guidelines and toolkit developed	Guidelines and toolkit for mainstreaming GBV in emergencies	0	2	1	-	-	TBD	-	Ministry of Women Affairs, Community, Small and Medium Enterprise Development Civil Protection
Increased awareness during humanitarian situations on sexual abuse and exploitation and remedies for those that experience the abuse.	Conduct awareness programmes on GBV, including sexual exploitation, during humanitarian or disaster situations	Awareness activities programmes conducted during disaster/humanitarian situations	No. Of awareness programmes conducted	0	2	2	2	2	TBD	TBD	Ministry of Women Affairs, Community, Small and Medium Enterprise Development Civil Protection CSOs
Action research and gender analysis on GBV during emergency or crisis/ conflict situations.	Conduct action research and gender analysis during emergencies or humanitarian situations to make informed and evidence-based decisions on prevention and response to GBV.	The GBV needs identified during emergencies or humanitarian situations	Action Research report	0	1	1	1	1	TBD	TBD	Ministry of Women Affairs, Community, Small and Medium Enterprise Development Civil Protection CSOs
Strategic Focus Area 3: Capacity Strengthening											
Standardized and comprehensive pre-service and in-service training on the issues surrounding GBV, its causes and consequences for all relevant professionals across sectors and jurisdictions that respond to GBV including health; police; education; legal and judiciary; psycho-social support workers; and rehabilitation workers.	Capacity training of GBV service providers using standardised pre-service and in-service GBV curriculum.	Pre-service and in-service training conducted for GBV service providers.	No. of pre-service and in-service GBV service providers trained.	0	100	200	300	400	TBD	TBD	Ministry of Women Affairs, Community, Small and Medium Enterprise Development
Provide adequate material, financial and human resources to institutions that provide GBV services.	Increase allocation of financial, human and material resources to institutions that provide GBV services.	Increased allocation of financial, human and material resources	% increase in financial, human and material resources allocated	0	20%	30%	80%	100%	TBD	TBD	Ministry of Finance Ministry of Public Service, Labour and Social Services
Support the resuscitation of the Anti-Domestic Violence Council which has been barely functional for the past years.	Provide increased human, financial and material resources to the ADVC	Functional ADVC	% increase in financial, human and material resources allocated to ADVC	TBD	20%	30%	80%	100%	TBD	TBD	
Capacity strengthening of community-based organisations and media.	Conduct training for community-based organizations, community volunteers, traditional and faith leaders, media and other stakeholders on prevention of, and response to GBV.	Trained community-based organizations, community volunteers, traditional and faith leaders, media and other stakeholders	No. Of trainings conducted for community-based organisations per province	0	2	2	2	2	TBD	TBD	Ministry of Women Affairs, Community, Small and Medium Enterprise Development
Strategic Focus Area 4: Evidence Based Programming: Data, Information, Knowledge Management and Monitoring and Evaluation											
Strategy Objective: To strengthen GBV data collection, research, information and knowledge management systems.											
Strengthened data collection, GBV Information Management System and Data Base	Develop an integrated and inter-operable GBV Information Management System (IMS) and database	GBV Information Management System (IMS) and Database developed	Functional GBV IMS and Database	0	1	-	-	-	TBD	-	ZIMSTATS Ministry of Women Affairs, Community, Small and Medium Enterprise Development
Strengthen coordination of GBV data collection system	Develop data sharing protocol for stakeholders	Data sharing protocol developed	Data sharing protocol document	0	1	-	-	-	TBD	-	ZIMSTATS Ministry of Women Affairs, Community, Small and Medium Enterprise Development
	Hold regular meetings to discuss coordination and management of data collection	Data collection coordination meetings convened	No. Of data collection and management coordination meetings convened	0	4	4	4	4	TBD	TBD	ZIMSTATS Ministry of Women Affairs, Community, Small and Medium Enterprise Development All stakeholders

Strategy	Key Actions/Activities	Output	Key Indicators	Baseline	Timeline and Targets per year					Budget USD '000			Responsible Entity
					2023/2024	2024/2025	2025/2026	2026/2027	2023/2024	2024/2025	2025/2026	2026/2027	
Improve infrastructure to collect GBV information	Support stakeholders with hardware and software for data collection, management, analysis and sharing	All stakeholders have appropriate hardware for data collection, management, analysis and sharing	Proportion of stakeholders with hardware for data collection, management, analysis and sharing	TBD	50%	60%	80%	100%	TBD	TBD	TBD	TBD	ZIMSTATS Ministry of Women Affairs, Community, Small and Medium Enterprise Development All stakeholders
Standardized and digital GBV data collection tools for use by all stakeholders.	Develop standardized GBV data collection tools for use by all stakeholders.	Standardised GBV data collection tools	Data collection tools	0	1	-	-	-	TBD	-	-	-	ZIMSTATS Ministry of Women Affairs, Community, Small and Medium Enterprise Development All stakeholders
National monitoring and evaluation framework for GBV programming and strategy for use in both the public and private sectors.	Develop a national and monitoring and evaluation framework	National Monitoring and Evaluation Framework	National Monitoring and Evaluation Framework	0	1	-	-	-	TBD	-	-	-	ZIMSTATS Ministry of Women Affairs, Community, Small and Medium Enterprise Development All stakeholders
Establishing the Cost of GBV to the country to provide evidence that can be used to establish a business case for increased funding towards GBV programming.	Conduct a study on the Cost of GBV to the country.	Cost of GBV Study results	Cost of GBV Study report	0	1	-	-	-	TBD	-	-	-	ZIMSTATS Ministry of Women Affairs, Community, Small and Medium Enterprise Development All stakeholders
Evidence based programming	Conduct a multidisciplinary research on the structural and underlying causes of GBV, including its types and prevalence.	Study findings	Study Report	0	1	-	-	-	TBD	-	-	-	ZIMSTATS Ministry of Women Affairs, Community, Small and Medium Enterprise Development All stakeholders
Understanding emerging forms of GBV	Conduct research to determine the magnitude, drivers and impacts of emerging forms of GBV such as Online Gender-Based Violence; GBV in Humanitarian Situations; Drug and Substance Abuse Induced GBV; and GBV and Climate Change.	Study findings on emerging forms of GBV	Research Report	0	1	-	-	-	TBD	-	-	-	ZIMSTATS Ministry of Women Affairs, Community, Small and Medium Enterprise Development All stakeholders
Accountability for GBV data	Design and implement interventions to address the emerging forms of GBV	Interventions to address emerging forms of GBV designed and implemented	Implementation report	1	1	1	1	1	TBD	TBD	TBD	TBD	ZIMSTATS Ministry of Women Affairs, Community, Small and Medium Enterprise Development All stakeholders
	Lobby for a statutory instrument that makes it compulsory for GBV stakeholders to provide GBV data on a regular basis	Lobbying actions conducted	No. of lobbying actions conducted	0	2	2	2	2	TBD	TBD	TBD	TBD	ZIMSTATS Ministry of Women Affairs, Community, Small and Medium Enterprise Development
Strategic Focus Area 5: Strengthening Coordination, Accountability, Networking and Partnerships at National, Sub-National and Community Levels													
<i>Strategy Objective: To ensure efficient, effective and accountable management, coordination and partnerships building for the sub-national and national gender-based violence response.</i>													
Strengthening of the GBV coordination mechanisms at both national and sub national level through.	Review and restructure coordination platforms to ensure that there is no duplication of efforts and overlapping of mandates.	Restructured coordination platforms	No. Of coordination mechanisms and platforms restructured	0	5	-	-	-	-TBD	-	-	-	Ministry of Women Affairs, Community, Small and Medium Enterprise Development All stakeholders
	Coordination capacity strengthening training for the different coordination platforms.	Stakeholders in the different coordination platforms trained	No. Of coordination platforms trained	0	5	-	-	-	-TBD	-	-	-	Ministry of Women Affairs, Community, Small and Medium Enterprise Development All stakeholders
	Provide adequate financial, human and technical resources to coordination platforms at both national and sub-national levels.	Resourced coordination platforms	No. Of coordination platforms with adequate financial, human and material resources to support coordination activities.	0	5	-	-	-	-TBD	-	-	-	Ministry of Women Affairs, Community, Small and Medium Enterprise Development All stakeholders

Strategy	Key Actions/Activities	Output	Key Indicators	Baseline	Timeline and Targets per year					Budget USD '000			Responsible Entity
					2023/2024	2024/2025	2025/2026	2026/2027	2023/2024	2024/2025	2025/2026	2026/2027	
	Develop implementation, coordination and GBV reporting accountability framework for both national and sub-national levels.	Implementation, Coordination and GBV reporting accountability frameworks developed	No. Of coordination mechanisms and platformed using the accountability frameworks.	0	5	-	-	-	-TBD	-	-	-	Ministry of Women Affairs, Community, Small and Medium Enterprise Development All stakeholders
Strengthening networking and partnerships.	Hold regular meetings at national and sub-national levels for sharing GBV programming information, experiences and good practices on GBV programming.	GBV programming information shared among GBV stakeholders	% of stakeholders participating in the quarterly networking and partnership meetings	TBD	60%	80%	100%	100%	TBD	TBD	TBD	TBD	Ministry of Women Affairs, Community, Small and Medium Enterprise Development Relevant stakeholders coordinating the different coordination platforms
Monitoring and Evaluation	Conduct periodic evaluations of the GBV coordination mechanisms to assess effectiveness and to identify gaps.	Evaluation findings	Evaluation reports	0	-	-	-	1	TBD	-	-	-	Ministry of Women Affairs, Community, Small and Medium Enterprise Development
Resource Mobilisation	Conduct resource mobilisation activities to support coordination activities at both national and sub-national levels	Resource mobilization activities conducted	No.of resource mobilisation activities conducted	0	2	2	2	2	TBD	TBD	TBD	TBD	Ministry of Women Affairs, Community, Small and Medium Enterprise Development
Strategic Focus Area 6: Resource Mobilisation													
Strategy Objective: To mobilise adequate resources for effective implementation of the National GBV Prevention and Response.													
Build a strong evidence base on GBV to justify increased investments in GBV interventions from the national budget	Conduct a national study on the Cost of GBV to the Country.	Findings on the cost of GBV to the country	Study report	0	1	-	-	-	TBD	-	-	-	Ministry of Women Affairs, Community, Small and Medium Enterprise Development All stakeholders
Donor Engagement	Engage donors regularly through round table meetings, attending donor conferences and submitting concept notes, policy briefs and white papers and provide evidence on the GBV situation in the country	Donor engaged	No. Of donor engagements	0	3	3	3	3	TBD	TBD	TBD	TBD	Ministry of Women Affairs, Community, Small and Medium Enterprise Development
Institutionalise Gender Responsive Budgeting across government institutions	Conduct capacity building training on GRB	Training on GRB conducted	No. Of government institutions trained on GRB	TBD	20	50	-	-	TBD	TBD	-	-	Ministry of Women Affairs, Community, Small and Medium Enterprise Development
Private sector engagement to enable them to play an increasing role in national GBV prevention and response.	Conduct private sector engagement sessions and build a business case for their support.	Private sector engaged	No. Of private sector engagement sessions	TBD	3	2	1	1	TBD	TBD	TBD	TBD	Ministry of Women Affairs, Community, Small and Medium Enterprise Development
Strengthen the Capacity of Community-Based Organisations and support them to engage in income generating activities to support local GBV response activities.	Conduct entrepreneurial training sessions for CBOs to enable them to engage in viable income generating sessions	CBO entrepreneurial training conducted	No. Of CBOs trained per district	TBD	4	4	4	4	TBD	TBD	TBD	TBD	Ministry of Women Affairs, Community, Small and Medium Enterprise Development
Lobby and advocate for government to allocate a specific percentage of the national budget towards GBV programming.	Conduct lobbying and advocacy sessions	lobbying and advocacy sessions conducted	No. Of advocacy and lobbying sessions conducted	0	3	2	2	2	TBD	TBD	TBD	TBD	Ministry of Women Affairs, Community, Small and Medium Enterprise Development



ZIMBABWE

**Ministry of Women Affairs, Community, Small and
Medium Enterprises Development**

8th Floor Kaguvi Building Cnr Central Ave /
S. Muzenda Street, Harare, **Zimbabwe**

Email: pswomenaffairs@gmail.com
info@mwacsmmed.gov.zw

 +263 (024) 2708398, 735186/8

 mwacsmmed.gov.zw

 [mwacsmmed](https://twitter.com/mwacsmmed)

An initiative of the United Nations funded by the European Union



**Spotlight
Initiative**
*To eliminate violence
against women and girls*

